AREA PLAN ON AGING

FOR THE

NORTH CENTRAL CONNECTICUT

PLANNING AND SERVICE AREA

As defined in response to requirements under

THE OLDER AMERICANS ACT of 1965, as amended, for the three-year period of October 1, 2025 through September 30, 2028 (FFY2026 through FFY2028)

July 1, 2025

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APPLICATION FOR AREA AGENCY ON AGING DESIGNATION AND AWARD UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED, FEDERAL FISCAL YEARS 2026 THROUGH 2028

COVER SHEET

1. Applicant Agency

   Name: **North Central Connecticut Area Agency on Aging, Inc.**

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   Phone: **(860) 724-6443** Fax: **(860) 251-6107**

   Director: **Maureen C. McIntyre, Chief Executive Officer**

2. Chairperson of Governing Board

   Name: **Damian Humphrey, President, Board of Directors**

   Address: **151 New Park Avenue, Box 75, Hartford, CT 06106**

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VERIFICATION OF INTENT

The proposed Area Plan is hereby submitted for the **North Central Connecticut** Planning and Service Area for the period of October 1, 2025 through September 30, 2028.

The Area Plan includes all assurances to be followed by the **North Central Area Agency on Aging, Inc. (NCAAA)** under the provision of Title III of the Older Americans Act of 1965, as amended. The Area Agency, as identified above, will assume full authority to develop and administer the Area Plan in accordance with the requirements of the Act and related Federal and State regulation and policy. In accepting this authority, the Area Agency assumes responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older adults in the planning and service area.

The proposed Area Plan has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the Bureau of Aging for approval.

9/23/25 — Date

Maureen C. McIntyre — Signature and Title of Area Agency Director

The governing body of the Area Agency has reviewed and approved the proposed Area Plan.

9-23-25 — Date

Chairperson, Board of Directors

9/22/25 — Date

Chairperson, Advisory Council

ACRONYMS

AAA – Area Agency on Aging
ACL – Administration of Community Living
ACS – American Community Survey
ADC – Adult Day Care
AD/RD – Alzheimer's Disease and related disorders
ADS – CT Department of Aging and Disability Services
AP – Area Plan, also "the Plan"
BOA – Bureau of Aging
CAWC – CT Age Well Collaborative
CBO – Community Based Organization
CDSME – Chronic Disease Self-Management Education programs
CEJC – CT Elder Justice Coalition
CHLC – CT Healthy Living Collective
CHOICES – CT's State Health Insurance Program
CIL – Center for Independent Living
CSRCP – CT Statewide Respite Care Program
DD Council – CT Council on Developmental Disabilities
EBHP – Evidence-Based Health Promotion Programs
Form 5 – Consumer registration form required by Administration for Community Living
HADR – Healthy Aging Data Report (see: https://healthyagingdatareports.org/)
HCBS – Home and Community Based Services
LEP – Limited English Proficiency
LTSS – Long-Term Services and Supports, may be used interchangeably with "HCBS"
MIPPA – Medicare Improvements for Patients and Providers Act; a program specifically designed to assist economically disadvantage and/or hard to reach populations enroll in Medicaid and Medicare benefits. Frequently embedded in the CHOICES program.
MIS – Management Information System
NC – North Central
NCAAA – North Central Area Agency on Aging
N/IR&A - Navigation / Information, Referral & Assistance services
NFCSP – National Family Caregiver Support Program
OAA – Older Americans Act
PCA – Personal Care Attendant
(the) Plan – Area Plan
PSA – Planning and Service Area
SHIP – State Health Insurance Program (aka CHOICES, in CT)
SILC – State Independent Living Council
SMP – Senior Medicare Patrol

SN – Service Navigator (alt. Service Navigation)
SPA – State Plan on Aging
TAG – Technical Assistance Grant
VAX – Vaccine Access Grant

Other Acronyms and/or Definitions that will be referenced and for which additional context will be helpful:

Aging Answers – the programmatic “umbrella” under which the Agencies’ direct services fall.

AgingCT – The rebranded name of the Association of CT’s Area Agencies on Aging.

OAA Target Populations - Will be used for brevity to include all OAA target populations including without limitation: individuals age 60 and older, specifically those with the Greatest Economic Need and Greatest Social Need, including: low-income minority individuals, those at risk for institutional placement, those with limited English proficiency, those living in rural areas, older Native American individuals, older LGBTQ individuals, those with Alzheimer’s Disease and related disorders, those with severe disabilities, and those living with HIV.

EXECUTIVE SUMMARY

The North Central Area Agency on Aging is proud to put forth our Area Plan ("AP", or " the Plan") which shall be in effect, upon approval, through September 30, 2028.

The Area Plan represents NCAAA's strategy to focus available Older Americans Act ("OAA") dollars to the greatest benefit of the Older Americans Act target populations in our 38-town geographic region or Planning and Service Area (PSA). Broadly these populations exhibit the greatest social and economic need. More specifically, they are groups for whom access to services has been challenging. They are, including without exception, individuals age 60 and older, highlighting those with the Greatest Economic Need and Greatest Social Need, including low-income minority individuals, those at risk for institutional placement, those with limited English proficiency, those living in rural areas, older Native American individuals, older LGBTQ individuals, those with Alzheimer's Disease and related disorders, those with severe disabilities, and those living with HIV.

NCAAA will focus these funds according to the target populations listed above, and also according to the OAA core services as delineated by Title III, the section of the Act that provides the fiscal structure of OAA usage.

The purpose of Title III is to promote the development of a comprehensive and coordinated service system for older adults. Primary goals of this system include: Securing and maintaining independence and dignity in a home environment for older persons capable of self care with appropriate supportive services. Removing individual and social barriers to economic and personal independence for older persons. And providing a continuum of care for vulnerable older persons.

As noted, Title III is then further delineated by subsections known colloquially as IIIB, IIIC, IIID and IIIE, and it is through these subsections that the OAA core services are identified, prioritized and funded. The titles and representative samples of the programs they fund are listed below. These are not exhaustive lists, intended only for general framing purposes. Core services, by title include:

Title III-B **Supportive Services and Senior Centers**: Access (Info & Assistance, Integrated Health, Outreach, Transportation), Adult Day Care, In Home Services, and Legal Services.

Title III-C **Nutrition Services**: Congregate Meals, Home Delivered Meals, Nutrition Assessment, Education, Counseling, and related nutrition services

Title III-D **Disease Prevention & Health Promotion**: Evidence-Based Health Promotion Programs

Title III-E **Family Caregiver Support**: Respite for Caregivers of Older Adults: Supportive Services for Grandparents Raising Grandchildren.

The reader is encouraged to consider this funding infrastructure during contemplation of this Plan and its role as a living document ensuring access to quality and cost-effective services.

Based on positive feedback received regarding the enhanced readability of the 2022-2025 Area Plan, NCAAA has maintained much of the same structure and format. Once again, the reader will notice that NCAAA's goals follow the State Plan on Aging's goals (SPA) and that each goal has been assigned an identifying abbreviation. They are: *Home and Community Based Services (HCBS)*, *Healthy Aging (HA),* and *Elder Rights (ER)*.

The NC funding priorities identified during this AP process fall under the category of social health care needs, often referred to as Social Determinants of Health (SDoH.) They are, in priority order: *Financial Security, Health & Health Care, Housing, and Transportation*.

When reading through the Plan, the section heading for each priority area will reference by its abbreviation the SPA goal(s) under which the corresponding objectives, strategies, measures, and outcomes will be located. (See section V., p.33). Structuring the plan in this way allowed NCAAA the flexibility to include additional important elements that cross-cut multiple goals such as food insecurity and social isolation.

Initially workshopped as its own Goal, please see Goal #1, Objective #6 (Improve continuity of care across state systems by bridging aging and disability systems) which solidifies NCAAAs commitment to systems change. Since the writing of the last Area Plan, communication and collaboration across the Aging & Disabilities' sectors has become ever more important as our shared populations benefit greatly when the structures charged with their care are able to provide expert and consistent service across a continuum of need that is rarely linear.

Finally, although Area Plans are typically meant to maintain an element of timelessness, there are frequently elements of the environment that would be imprudent to discount. For example, the 2020 COVID-19 pandemic further exposed the institutional racism and inequity of access to service affecting Older Americans Act populations and laid waste to the homecare infrastructure upon which our constituents rely. The 2022-2025 plan sought to solidify NCAAAs commitment to addressing these issues through funded programs and direct services. This 2026 – 2028 Plan is being drafted in an environment of great uncertainty and to not acknowledge the challenges ahead would be careless and disingenuous. By memorializing the needs of older adults in this plan, NCAAA pledges to use the goals, objectives and strategies described herein as guidance in the face of expected funding reductions and systemic reorganization. We believe that this Area Plan will provide a strong affirmation of NCAAA's commitment to the older adults in our region, our Elder Network partners and stakeholders, and to the enduring legacy of the Older Americans Act.

CONTEXT

OVERVIEW OF NCAAA – MISSION

The mission of the North Central Area Agency on Aging, Inc. (NCAAA) is to enhance the quality of life for older adults, individuals with disabilities, and their caregivers, in North Central Connecticut by ensuring they have access to quality cost effective services. Our mission has remained relatively unchanged with the exception of the most recent additions of “individuals with disabilities and their caregivers” during the introduction of the Aging and Disability Resource Centers in 2012.

The key components of our mission statement; *enhancement of quality of life*, *access to quality services*, and *access to cost-effective services* have formed the backbone for every Area Plan (“AP”, or “the Plan”) throughout our 50-year history. They remain appropriate and consistent with the priorities set forth in this plan despite the fact that the ecosystem of service delivery has dramatically changed.

Quality of life encompasses freedom from fear, stigma, and discrimination as embodied by Elder Rights as well as the affordability of health care, health outcomes, and the strategies that facilitate. Quality of life also suggests the opportunity for meaningful engagement for all community members regardless of age and ability.

Access to quality services includes many of the social determinants of health addressed by the provision and funding of home and community based services. Transportation, affordable housing, in-home services, information, assistance and navigation are key components.

Access to cost effective services makes the link between economic security and the ability to continue to live independently in the community. Decision-making, goal-setting, and evaluating options leads to a greater longevity of financial resources that can facilitate long-term success.

OVERVIEW OF NCAAA – CORE VALUES

NCAAA's core values were compiled to be both outward- and inward-facing. We believe that an adherence to our core values will not only impact how we treat each other within NCAAA and our governing bodies, but will also manifest our expectation of the way we will be treated by peers and partners throughout the elder network.

Trust. NCAAA holds sacrosanct our responsibility to act for the good of our consumers and to protect the trust invested in us both as a nonprofit agency and as an organization in service to populations for whom the journey may be particularly fraught.

Empowerment. NCAAA recognizes and validates the lived experience of our consumers and each other. It is our intention and process to seek first to understand, meeting each other where we are, and to avoid judgment based on stereotypes, personal bias, or professional paternalism.

Compassion. NCAAA is committed to serving all older adults, individuals with disabilities and their caregivers regardless of race, ethnicity, gender, or sexual orientation and we do so out of a genuine desire to improve the quality of life of our constituents.

Accountability. NCAAA believes that our interface with the community shall be one of truthfulness and good faith. NCAAA holds a singular standard of accountability that is true for ourselves and the programs we support.

Knowledge. NCAAA takes very seriously the interconnection between accountability and knowledge. We strive to continuously cultivate and maintain a culture of learning and professionalism so that we present the very best of ourselves to our consumers and to our team-mates every day.

OVERVIEW – ACCOMPLISHMENTS AND CHALLENGES

Area Agencies on Aging serve a variety of core functions entrusted to us by the OAA Amendments of 1974. These include: **Planning and Community Assessment, Advocacy, Information and Referral, Funds Administration**, and **Resource Development**. These AAA core services ensure that OAA target populations have access to and are served by the programs that will best meet their needs. Please see below a brief "NCAAA by the numbers" that highlights NCAAA's success in these representative core OAA functions and as they apply to the core OAA programs identified in the Executive Summary:

Success in reaching OAA target populations:

- **41%** of our consumers qualified as either "poor" or "near poor"
- **29%** of our consumers were at risk of institutionalization
- **26%** of our consumers were from underrepresented communities
- Served consumers in **171 discrete zip codes** through in-house programs.

Success in overseeing and supporting grantees in their delivery of OAA programs:

- We funded **158** individual programs that served **13,447** unduplicated consumers.
- Initiated the Senior Community Action Network (SCAN) project to encourage and support fledgling nonprofit organizations and future grantees with an interest in serving older adults from black and brown communities in the North Central Region.
- Launched annual grant-writing workshops to assist community-based organizations to improve the quality of their OAA grant-submissions and grant applications more broadly in order to build capacity.
- Expanded legal services offerings through the addition of grantees with practice areas in housing discrimination, eviction prevention, and the legal rights and protections of Veterans. These activities would then dovetail nicely with the agency's elder abuse awareness, protection, and advocacy activities. **(OAA IIIB/Legal/Elder Rights)**

Success in facilitating the delivery of OAA Core Programs:

- Connected consumers to necessary programs. Approximately 77% of all inquiries were related to public benefits ie: energy, home care & income support, 27% of all inquiries related specifically to challenges in accessing public benefits, and 156 of the most complex cases went to the Service Navigators for advocacy and follow-up. **(OAA Title IIIB)**
- Participated in the FFY 2023-2024 Nutrition Task Force enacted by the CT General Assembly in SPECIAL ACT 23-17 which was to convene nutrition stakeholders for a constructive discussion around maximizing funds, minimizing lag time between payments, and maximize the number of meals available to OAA consumers. **(OAA Title IIIC)**
- Introduced a relatively new-to-market Evidence-Based Health Promotion Program to the North Central region called Mind Over Matter (MOM). Encouraged and assisted the founders of the program to present at the AgingCT Summit in 2023. **(OAA IIID)**

- Assisted family caregivers in their roles: 439 family caregivers benefitted from services such as respite care, information & assistance, caregiver counseling and gap- filling services to defray the costs of caregiving. **(OAA IIIE)**

The accomplishments above, and more fully enumerated in Attachment E, highlight some of NCAAAs institutional strengths that are directly attributable to our dual role in the community as both a direct service provider and a funding agency. **Our diversity.** Our governance bodies and staff reflect the communities that we serve. **Our community connection** and commitment to collaboration as evidenced by our formal and informal partnerships within the Elder Network. And our **commitment to equitable access**. We value above all else our role as a recognizable and trusted source of unbiased information and the removal of barriers to the full comprehension and utilization of this information.

A living document, the limited duration of the Area Plan is intended to allow for change. The Older Americans Act was created in response to and has been shaped by demographic, political, and socio-economic factors since its inception. And recent Plans have needed to account for the seismic changes resulting from the COVID pandemic and its "new normal". This Plan anticipates the following primary changes:

Increased / increasing concern for the future on the part of consumers of OAA services, the Elder Network writ large, and a growing coalition of cross-sector organizations with whom aging services interacts regularly. OAA target populations are by definition among the most vulnerable and the first to experience the impact of policy decisions at every level of government. During public education events, presentations, and Focus Groups throughout the development of this Plan, older adults spoke very eloquently about feeling more disconnected, unheard, and concerned about their future. Likewise, grantees and vendors expressed concern about sustainability, work force implications, and the impact on aging-in-place initiatives.

Increased/increasing volume of consumers. In CT, the growth of the 60+ population outpaces most other segments by a hefty margin and the North Central Region is home to the largest percentage of OAA-eligible consumers in the state. The increase in consumers due to simply aging in place, and the increase in consumers as a result of COVID, will be substantially exacerbated during these Plan years by an influx of consumers as a result of recent Federal policies such as but not limited to HR 1 that will impact both entitlements and means-tested programs. This influx of consumers losing benefits, seeking assistance as new beneficiaries in a changing system, and fighting to maintain benefits to which they are entitled, is likely to overwhelm the current social service infrastructure.

Increased/increasing levels of complexity and urgency of situations. As will be further outlined in this Plan, the experience of aging-in-place varies dramatically depending upon a multitude of socio-economic factors and social health care needs. A growing number of Older Americans Act eligible consumers are presenting with issues that require substantially more intervention and advocacy. One only need look at the robust list of OAA target-populations to appreciate the accumulated lived experiences at play, and why our commitment to person-centered service delivery is so critical and increasingly time intensive.

With these predicted changes, our expectation is that NCAAA's role as a regional hub of information, assistance, and reliable access to services will become more critical over time

especially in light of CTs municipally focused infrastructure. We anticipate, and would welcome, an expansion of our role as regional convenor and catalyst. We also predict, and discuss in some detail in this plan, that our role as a steward of federal dollars will feature greater scrutiny of projects and proof of impact as the funds available for programs are far surpassed by the needs of the network. And it is in this area of funding, unsurprisingly, that NCAAA as with many of our community partners, face our most substantial organizational challenge.

Unfortunately, inadequate funding impacts both program output, and provider agency flexibility in staff recruitment and retention. The influx of dollars resulting from the COVID 19 crisis notwithstanding, funds available to develop and implement programs have been static for many years while increasing expenses such as those related to personnel costs often result in programs being under-resourced. Program dollars in the absence of commensurate administration dollars, has the potential to limit innovation, curtail expansion, and may result in a reduction of available services over time.

To ameliorate the effects of static funding, community-based providers including NCAAA employ a variety of strategies including creating opportunities for technical assistance, seeking philanthropic support, joining membership organizations and affinity groups for vetted resources, and collaborating on grants to support mutually-beneficial programs. Collaboration on grants such as with our partners in AgingCT has been a significant source of support and represents a growing opportunity for organizational growth.

AgingCT has been and will continue to invest our time and philanthropically generated funds to implement a series of activities statewide with regional impact directed by the member AAAs. These activities include but are not limited to the development of strategic messaging plans for AgingCT and our Aging Answers service umbrella, and the enhancement of web-based technology to facilitate online program application and submission. Most exciting however, is the launch of a data collection and reporting platform that will revolutionize the process by which program information is collected, entered, and translated into a streamlined process for payments and reporting. This program called Grantee Gateway, under the umbrella of “Technology Hub”, has been deployed and grantees will soon begin their training on entering their own data into the system.

NCAAA fully intends, within the duration of this Area Plan to adopt this technology. It is simply a matter of timing and the uncertainty that surrounds an investment of this type within the current environment. Though the task of onboarding and training will likely be more difficult as a late adopter, at least we can approach the project with the enthusiasm it deserves and with the confidence that will all but guarantee success for our grantees.

CONTEXT: NEEDS AND TARGETS

NCAAA utilized a multi-faceted method to assess the needs of older adults in the region. Quantitative and qualitative information provided measurable and intuitive data for analysis. Quantitative data included service utilization data, current research and related best practices, and other secondary information. Qualitative data included service provider input, and field observations. These techniques were used to collect and analyze data in a cost-effective manner given the time and resources available to NCAAA. Greater exposition

of the strategies employed can be found in section entitled “Area Plan Development Process” on page 28 of this document.

The end result of this exhaustive development process was the distillation of the status and needs of older adults in the North Central region that would form the priority areas for the next three years of Older Americans Act funding. The regional needs of the NC PSA were identified as follows: *finances/financial security, health (primarily access to), housing, and transportation.*

CONTEXT: STATUS AND NEEDS OF OLDER ADULTS – CURRENT AND PROJECTED

Though lag time exists between the formulation of this Plan and the research that led to its creation, it is projected that the needs of older adults in the North Central region will continue to include, those listed above. In priority order: finances/financial security, health (primarily access to), housing, and transportation. Issues with broad applicability, each is represented in at least two of the overarching goals from the SPA. To reiterate: 1.) Access to home & community-based services (HCBS), 2.) Healthy Aging (HA), and 3.) Elder Rights (ER). Because CT’s demographics continue to trend toward a more diverse and rapidly aging older population, there is every expectation that current service needs will become more pronounced both with respect to quantity and also relative to increased complexity vs. “one-size fits all”. In addition to conversations around resource allocation and priority setting, during the course of this Plan’s development, consumers gave voice to considerable uncertainty around the future of federally-funded programs. This uncertainty speaks to a level of anxiety more prominent than in years past and is the primary driver of our first regional priority: Finances.

<u>Finances (HCBS, HA, ER)</u>

While Area Agencies on Aging are not able to grant eligibility to income enhancing programs, the Information, Referral, Assistance, and Navigation we provide connects older adults, individuals with disabilities, and their caregivers to these programs using an approach that is unbiased, accurate, consistent, and free. Crossed-trained staff under the Aging Answers umbrella routinely screen consumers for a variety of programs aimed at stabilizing their household incomes, they provide support throughout the application process to ensure successful enrollment, and they provide coaching if needed so that beneficiaries understand their programs’ offerings in order to maximize their benefits. As evidence of our valuable supporting role to the social services infrastructure, examples of the most commonly screened-for programs include: the CT Home Care Program for Elders, Medicaid, Medicare Savings Programs, and the Supplemental Nutrition Assistance Program. Predictably, objectives and strategies related to this priority will be found in each of the four goals. In addition, it leads seamlessly into the next priority in this Plan which is Healthy Aging.

<u>Health (LTSS, HA)</u>

OAA target populations are not always aware of the programs and services available to them and as a result may pay for health-related services out of pocket. The depletion of

financial resources, especially in the absence of an adequate support network frequently creates health care access issues and is a common root cause of poor health outcomes and the premature, often preventable, institutionalization of OAA populations.

NCAAA will continue to provide a vital link between consumers and services by combining information and referral services together with Person-Centered Counseling to ensure that OAA target populations are aware of all available options and understand how to use them. To deliver Navigation and other benefits access services, NCAAA will employ multi-faceted and multi-cultural outreach strategies to ensure consistent access across all OAA target populations. Services will be delivered utilizing a multi-tiered format inclusive of: outreach, information and assistance, eligibility screening, comprehensive assessment, long-term care supports, long term care options counseling, application assistance, public education, and care management.

In addition to this emphasis on health care access in next three-year plan, NCAAA will focus on Healthy Aging through a commitment to addressing and ameliorating the effects of some specific social health care needs that dominated our needs assessment and have been in evidence throughout the intervening post-pandemic years: Homelessness, food insecurity, transportation, and social-isolation. In fact, the issue of homelessness and transportation were individually the most commonly referenced of the SDOH and therefore warranted their own priority areas. (Please see below). Meanwhile, the issue of food insecurity remains highly problematic for the simple fact of supply, demand, and available funding. Access to nutritious meals that provide the basic recommended daily allowances for good health continues to be of singular importance as the sheer volume of older adults eligible for and requesting home-delivered meals continues to increase substantially. Considerations for future planning should therefore include:

- The changing nutritional needs and preferences of an increasingly age and culturally diverse population of older adults.
- Conversations around pricing given the relationship between state and federal programs that has created a misplaced reliance on federal funds to keep necessary programs afloat. And,
- Capitalizing on lessons learned from the COVID-19 pandemic including the popularity of and preference for Grab-n-Go style meals and boxed-lunches. And,
- The development of creative and flexible programs that addressed food insecurity through more wholistic and self-directed style such as facilitated shopping, shopping list development, nutrition counseling, and nutrition education. All of which have the benefit of both maximizing consumer choice and independence and integrating social interaction into the delivery system.

Social Isolation is the last, but certainly not the least, of this Plan's health priority topics to be addressed. First, a quick level-set on definition is helpful as the field of study has drawn important distinctions.

> "*Loneliness is a subjective feeling of disconnect or unhappiness stemming from a gap between desired and actual social connections, while social isolation is an objective state of having minimal or no social contacts. A person can be socially isolated without feeling lonely, and conversely, feel lonely even with many social connections."*

- Loneliness and Social Isolation — Tips for Staying Connected (National Institutes of Health, 2023.)

The OAA was significantly ahead of the curve in identifying and prioritizing the need for socialization and connection among older adults by encouraging the development of multi-purpose senior centers and by establishing the Congregate Meals' "more than a meal" philosophy.

The impact of social isolation and loneliness on the health of older adults is well-documented. According to the 2023 US Surgeon General's report Our Epidemic of Loneliness and Isolation*, "Among the chronic conditions attributed to and/or exacerbated by social isolation includes Cardiovascular Disease, Hypertension, Diabetes, Cognitive Function, Depression and Anxiety, Suicidality and Self-Harm.*" Socially isolated older adults also become more susceptible to infectious diseases because of a strong negative impact on the body's immune system. Therefore, from a social health care need perspective, the role of community-based organizations and funders such as AAAs is to support activities that address the root causes of social isolation, advocate for the improvement of data collection, and encourage the creation of connected communities. Another important role for the Area Agencies on Aging is to support and/or facilitate the future planning needs of individuals who are aging alone.

<u>Housing (HA, ER)</u>

Connecticut's affordable housing crisis pre-dated COVID-19 but the housing market during the pandemic substantially worsened the situation. Though not in a position to provide housing vouchers or to address housing stock or rental capacity, Area Agencies on Aging play a vital supportive role including as a funder of homelessness prevention and diversion programs. AAAs are also an effective upstream answer to financial insecurity as a root cause of homelessness by virtue of our information, referral, assistance and Navigation services. Since the 2022 inception of the state-funded Service Navigators at the AAAs, the cases most frequently referred to the Service Navigators have been those related to housing; largely because there are no easy answers to the housing request itself and also because they are rarely "single issue" situations.

NCAAA is grateful to Sarah Pavone, the Director of Strategy for Journey Home in Hartford, who provided some troubling statistics about older adults and homelessness in the Greater Hartford Region:

- Based on data in the Homeless Management Information System (HMIS), older adults aged 62 and older had an 89.47% increase in literal homelessness. This means that these older adults either stayed in an emergency shelter or were unsheltered and connected to a Street Outreach Team in the region.
- As of June 9, 2025, thirty (30) individuals aged 60 and older are on the Greater Hartford Coordinated Access Network's (CAN) Shelter Priority List. This means that these 30 individuals have been verified by community partners and/or Street Outreach Teams as living in a place not meant for human habitation and are seeking emergency shelter.
- In addition to their age, the vulnerability of these individuals is increased based on

chronic health conditions. Of the 30 individuals on the Shelter Priority List, 1 has cancer and is actively in treatment, 1 has heart failure, 4 have a lung condition that requires oxygen, nebulizers, or CPAP machines, 2 have medications that require refrigeration, 3 have walkers, and 1 is in a wheelchair.

Even for older adults that still live in their homes, a variety of factors have them concerned about their ability to remain there. Please see samples below excerpted from Focus Group* discussions:

- [*My] husband passed and not sure if I can stay in my house. Washer and drier downstairs*
- *What are my options if I sell? Senior housing needs to get on the wait list now –can I afford the rent.*
- *I am concerned that I can't do things like I used to. Not easy to get people to work in the home. Sometimes simple things get harder and harder.*
- *Housing 65+ has become an issue. Suburban communities have no next step if we need a home more accessible.*
- *Basic needs a roof over our head if I don't have social security wouldn't be able to keep home for more than a year.*

*[Please see page 29 for additional insights and information about our Focus Groups.]

Transportation (LTSS, HA)

Although there are many older adults and individuals with disabilities able to drive themselves, for those who cannot it is a formidable barrier to accessing needed services and an impingement on engagement and quality of life. Dial-A-Ride services and/or other transportation programs for older adults are available in several communities. However, there are often limitations in terms of crossing town boundaries, insufficient availability for early morning and late evening transportation, or service on weekends. In the North Central area, this is evident in not only urban and suburban areas but also in the PSA's rural communities, most of which have no public or paratransit transportation. There continues to be a need for expanded transportation support services, such as assisted/escort transportation for frail individuals or individuals with other social barriers (e.g. limited English proficiency or mental health issues).

In order to address the wide range of transportation needs of older adults in the NC region, the service system will need to be comprised of a diverse array of options that include both public and private resources. As an aging cohort, older adults will be looking for flexibility, responsiveness, and more on-demand options with minimal requirements as to the "reason" for the ride (ie: medical vs. non-medical). Volunteer transportation networks and programs that have added transportation components to their array of offerings will play increasingly valuable roles in meeting consumer demand and preference, while regional mobility managers through travel-training are providing necessary life-skills for long-term community living. Furthermore, investing in the use of technology for ride hailing, tracking, and coordinating for consumers and their care partners will continue to grow in importance and become useful tools to reduce no-show rates for medical providers. Successful transportation hubs will find creative ways to combine all of these services into a comprehensive and marketable package.

Though statutorily a plan for aging services, the priorities in this Area Plan, could have been written for individuals with disabilities and their caregivers because of their similar needs and experience. Building on the rapport developed during the Stay-Connected Program, and later from the Vaccine Access (VAX) grants during the height of the COVID-19 pandemic, the AAAs, the SILC, and the DD Council along with other interested partners, have maintained and continued to foster relationships over a number of cross-over activities including but not limited to the AgingCT Summit, and the DD Council's Bridging Aging & Disability Network Community of Practice.

It simply makes sense to work together. Individuals with disabilities are living longer and many are living with family members who are also "aging in place". Areas where efforts in training and collaboration have been successful in CT include the adoption of supported decision making and person-centered counseling within the Aging Answers umbrellas at the AAAs, substantial cross-sector participation in legislative advocacy, and strategic cross-training of CIL staff in the SHIP (CHOICES) programs and the ADRCs which serve Medicare beneficiaries of all ages.

To read NCAAA's strategic plan to address the region's unmet needs and service gaps as just enumerated, please see [page 32 for our Goals, Objectives, Strategies, Outcomes, and Measures.]

CONTEXT – TARGET POPULATION

NCAAA utilizes a multi-tiered methodology, which includes the utilization of Decennial Census and American Community Survey (ACS) data, when setting targets for the Older Americans Act programs that we administer. These tiers include:

- Determination of the approximate number of unduplicated consumers NCAAA projects to serve annually, based on available resources and program type.
- Determination of the number and representative proportion of older adults within each of the OAA target groups based on Census and ACS data, in the planning and service area.
- Regional (AAA level) requirements regarding target setting that emphasize directing services to persons with the greatest economic and social need, based on census data regarding target population prevalence.

NCAAA factors in the multi-tiered methodology outlined above when establishing strategies for setting targets related to the Older Americans Act programs we administer. These strategies include:

<u>Determination of the approximate number of unduplicated consumers NCAAA projects to serve annually, based on available resources and program type.</u>
NCAAA's typical reach for OAA programs when comparing the total number of older adults in the PSA to the unduplicated number of older adults served, is approximately 3-5% of the total older adult population in the region. This reach level speaks directly to the fact that the service needs of older adults far outweigh the amount of resources available to provide said services.

<u>Determination of the number and representative proportion of older adults within each of the OAA target groups based on Census and ACS data, in the planning and service area.</u>
Census data shows that the NC PSA has among the highest number of individuals in several targeted demographic categories including: low income older adults, near poor older adults, minority older adults, low income minority older adults, older adults with limited English proficiency ("LEP"), older adults with severe disabilities, older adults at risk of institutionalization, and older adults with Alzheimer's disease and related disorders.

Target Population (individuals age 60 and above) (source: U.S. Census Bureau)	Connecticut	**North Central CT PSA**	% of 60+ PSA Population
Older Individuals Age 60+	709,854	**202,766**	*28.56% of CT total*
Low Income (<100% FPL)	41,514	**13,243**	6.5%
Near Poor (100% - 149% FPL)	45,356	**13,035**	6.4%
Minority	96,999	**31,392**	15.5%
Low Income Minority	13,643	**4,939**	2.4%
Limited English Proficiency	55,765	**20,240**	10.0%
Severe Disabilities (3+ ADL needs)	13,475	**3,934**	1.9%
At Risk of Institutionalization	8,803	**2,608**	1.3%
Alzheimer's & Related Disorders	46,270	**12,536**	6.2%
Rural	61,043	**7,974**	3.9%

Regional (AAA level) requirements regarding target setting that emphasize directing services to persons with the greatest economic and social need.

Service providers are required to set service goals relative to the target population consistent with that population's representative percentage in the area being served (according to Census and ACS data), specifically including, but not limited to, service to:

- Low Income Older Individuals – at a rate that is at least three times the representative percentage of low income older individuals in the program's service area;
- Minority Older Individuals – at a rate that is at least equal to the representative percentage of minority older individuals in the program's service area; and
- Low Income Minority Older Individuals – at a rate that is at least equal to the representative percentage of low income minority older individuals in the program's service area.

NCAAA also requires Title III funded projects providing services that would benefit frail older individuals or older individuals at risk for institutional placement to target services to those populations. Service providers are also encouraged to serve older adults that are homebound, and/or geographically isolated, including older individuals residing in rural areas. Providers are further encouraged to serve older individuals with Alzheimer's disease and related disorders and older individuals with severe disabilities.

In order to reinforce the consistent application of these criteria NCAAA will begin to incorporate additional questions into the grants interview process and provide individualized data to grantees to track their progress on an annual basis. Examples include but are not limited to:

- *Looking at the numbers for your agency, what targeted groups have you been more and less successful in reaching[2]?*
- *(If applicable) If your agency has been particularly successful in attracting clients from one or more of the targeted groups, what techniques or strategies have you found particularly effective?*
- *What new strategies might you try to attract more members of targeted groups?*

Additional intent behind these questions is the identification of best practices that may be shared with other grantees experiencing difficulties in attracting and serving OAA target populations. Potentially yielding opportunities for regional mentorship across service categories.

Target Population Statistics for North Central CT PSA

OAA Target Population (individuals age 60 and above) (source: U.S. Census Bureau)	Connecticut	**North Central CT PSA**	% of 60+ PSA Population
Older Individuals Age 60+	709,854	**202,766**	*28.56% of CT total*
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Alzheimer's & Related Disorders	46,270	**12,536**	6.2%
Rural	61,043	**7,974**	3.9%

In an effort to serve the target population, NCAAA:

1. Worked with the State Unit on Aging and community-based service providers to identify and address the special needs of the target population, in the North Central Connecticut planning and service area.
2. Collaborated with other organizations, which have similar mandates or missions to serve those in the "greatest social and economic need", to develop creative and effective information dissemination and outreach strategies.
3. Developed culturally and linguistically appropriate informational materials including program brochures and other information about agency programs and/or available resources. Whenever feasible and appropriate, materials were translated into Spanish and/or other languages (e.g. Russian, Vietnamese, Laotian).
4. Established program goals for all Title III funded projects that placed special emphasis on directing services to persons with the "greatest economic and social

need". Service providers were required to set service goals relative to the target population consistent with that population's representative percentage in the area being served, specifically including, but not limited to, service to:

a. Low Income Older Individuals – at a rate that is at least three times the representative percentage of low income older individuals in the program's service area;
b. Minority Older Individuals – at a rate that is at least equal to the representative percentage of minority older individuals in the program's service area; and
c. Low Income Minority Older Individuals – at a rate that is at least equal to the representative percentage of low income minority older individuals in the program's service area.

5. Required Title III funded projects providing services that would benefit frail older individuals or older individuals at risk for institutional placement to target services to those populations. Service providers were also encouraged, as appropriate, to serve older adults that were homebound, and/or geographically isolated, including older individuals residing in rural areas. Providers were encouraged to serve as appropriate older individuals with Alzheimer's disease and related disorders and older individuals with severe disabilities.
6. Will continue to require all OAA funded programs to prioritize service to OAA target populations, specifically targeting those in the greatest economic need and greatest social need. Targets for people to be served will be based on or factor in as appropriate, that population's representative percentage in the area being served. This applies to all OAA target categories, including: low-income minority individuals, those at risk for institutional placement, those with limited English proficiency, those living in rural areas, older Native American individuals, older LGBTQ individuals, those with Alzheimer's Disease and related disorders, those with severe disabilities, and those living with HIV.

AAA Success in Serving Target Population

NCAAA has continued to fund as well as directly provide community-based programs that prioritize service to the older individuals in the greatest economic and social need. As such, NCAAA has a proven track record of success in serving the OAA target population in the North Central CT PSA and has continued to serve the OAA target population at a rate equal to and often well above that target population's proportional rate in the service area. This has been the case for NCAAA during the entirety of the last planning period, at least, and stretches back historically for more than a decade. This success in reach is also true for every OAA target population group, except for two (LEP and AD/RD). NCAAA tracks and analyzes data regarding target population service rates monthly as well as annually, and as part of a 10-year look-back to identify successes, trends, and areas for increased/improved efforts.

Service provision data, including the number of older individuals served in each target group is below:

Consumers Served by NCAAA Funded Programs														
North Central CT PSA	FY2023		FY2022		FY2021		FY2020		FY2019		FY2018		FY2017	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total Persons Unduplicated	7,605		6,927		6,095		6,945		8,021		7,950		7,275	
60+ Unduplicated	**7,266**	95.5%	**6,620**	95.6%	**5,848**	95.9%	**6,637**	95.6%	**7,693**	95.9%	**7,682**	96.6%	**6,986**	96.0%
OAA Priority Target Demographics														
Low Income (0-100% FPL)	1,276	17.6%	1,086	16.4%	947	16.2%	891	13.4%	992	12.9%	1,023	13.3%	1,015	14.5%
Income 101%-149% FPL	1,833	25.2%	1,742	26.3%	1,582	27.1%	1,905	28.7%	2,181	28.4%	2,209	28.8%	1,817	26.0%
Minority*	2,326	32.0%	2,051	31.0%	2,156	36.9%	2,053	30.9%	2,444	31.8%	2,231	29.0%	2,138	30.6%
Low Income Minority	709	9.8%	603	9.1%	535	9.1%	502	7.6%	566	7.4%	561	7.3%	607	8.7%
Rural	429	5.9%	351	5.3%	228	3.9%	347	5.2%	410	5.3%	299	3.9%	335	4.8%
Limited English Proficiency (LEP)	396	5.5%	307	4.6%	298	5.1%	240	3.6%	264	3.4%	196	2.6%	229	3.3%
Severe Disabilities (3+ ADLs)	540	7.4%	528	8.0%	543	9.3%	482	7.3%	530	6.9%	575	7.5%	471	6.7%
At Risk of Institutionalization	2,914	40.1%	2,846	43.0%	2,925	50.0%	3,125	47.1%	3,427	44.5%	3,682	47.9%	3,204	45.9%
Alzheimers & Related Disorders	138	1.9%	127	1.9%	144	2.5%	110	1.7%	131	1.7%	143	1.9%	150	2.1%

[Image Description: a snapshot of statistics showing the number of persons in OAA target populations served annually, from federal fiscal years 2017 through 2023, in the North Central CT PSA. Excerpted from a report entitled, “Who NCAAA Served”, detailing additional information on NCAAA’s service to the OAA target population over the last decade, that can be found in the Plan’s Appendices.]

CONTEXT – DATA COLLECTION

Area Agency Data Collection Process

NCAAA requires the completion of Consumer Registration Forms (Form 5s) for all consumers who receive services from OAA funded programs, with the exception of a small number of services that are aggregately reported or reported using alternate data systems. Form 5s are submitted monthly along with service utilization data and program invoices. All data is due to NCAAA monthly, by the 15th day following the month being reported. NCAAA requires consumer registration forms to be updated annually.

Area Agency Data Entry Process

NCAAA employs one and a half (1.5) FTE Data Analysts to enter and review program data for OAA and State-funded services, in WellSky Aging & Disability. Data entry responsibilities are delineated by program type. Data is entered upon receipt (from grantees or internal program staff) and reconciled monthly prior to the issuance of provider reimbursement. In order to ensure compliance with the SUA’s data entry timeframe, NCAAA requires that all reports for the prior month be submitted to data entry staff by the 15th. NCAAA then has an expected 20-day turnaround time for data entry and reconciliation prior to the payment process. The initial 15-day reporting period combined with the 20-day entry and reconciliation period is to ensure compliance with the SUA’s 45-day data entry timeframe for services be entered into SAMS.

Area Agency Data Quality Monitoring Process

NCAAA has an internal schedule for data quality assurance and a streamlined method by which identified issues are addressed, which is summarized below.

NCAAA Data Quality Monitoring	Monitoring Frequency		
Data Quality Element	Monthly	Quarterly	Semiannually & Annually
Pre-Payment Fiscal/Data Reconciliation	X		
Missing Fund IDs	X		
Missing Demographic Information	X		
Duplicate Tracking	X		
Aggregate Services	X		
Form 5 Reassessment Tracking		X	
Consumer Relationships		X	
Incorrect Service Dates			X
Survey Data Preparation			X
Meal Services Interruption			X

NCAAA remains committed to capturing quality data for the programs it administers. Grantees are encouraged to request technical assistance as needed for seamless data reporting. NCAAA agency staff are similarly encouraged to request technical assistance from the State Unit on Aging when data reporting and quality management issues arise.

CONTEXT – EVALUATION OF TARGET ACHIEVEMENT

Target Achievement Evaluation Process

On an annual basis, NCAAA submits an Area Plan Progress Report to the Department on Aging and Disability that tracks the agency's success in meeting the deliverables as set forth in this Plan. This annual reconciliation includes a review of service utilization and consumer demographic reports generated from the Management Information System (MIS) program (SAMS) compared to the initial target. To determine if the Area Agency has been successful in reaching the targets established annually for service to OAA target groups, NCAAA compares service utilization and consumer demographic reports generated from the Management Information System (MIS) program (SAMS) to the initial target. Data is plotted and compared semi-annually, at mid-year to gauge progress and at year's end determine final achievement. Information gathered regarding the degree of success in meeting targets as well as any other factors affecting target achievement are reviewed prior to the establishment of targets for the next year.

NCAAA's target achievement during the 2022 – 2025 planning period:

Target Population	2025 (YTD)		2024		2023		2022	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Low Income	1,389	1,426	1,389	1,853	1,389	1,684	1,389	1,503
Near Poor	990	1,387	990	1,905	990	1,833	990	1,742
Minority	1,585	1,939	1,585	2,373	1,585	2,170	1,585	2,051
Low Income Minority	680	777	680	959	680	883	680	1,022
Rural	290	399	290	469	290	449	290	371
Limited English Proficiency	695	282	695	326	695	396	695	307
Severe Disabilities	305	422	305	608	305	555	305	539
At Risk of Institutionalization	98	2,320	98	3,237	98	2,914	98	2,846
Alzheimer's Disease / Related Disorders	438	103	438	131	438	145	438	134

QUALITY MANAGEMENT

NCAAA manages and monitors quality assurance agency-wide, with modalities varying depending upon the program type.

General Feedback and Quality Assurance Input

Individuals are able to provide general input, feedback, and/or complaints through NCAAA's website or general voicemail. When written materials are provided, a survey form is also included.

Quality Assurance for Direct Service Programs

For NCAAA's Aging Answers (direct service) programs (ADRC, CSRCP I&A/R, NFSCP, SHIP, SN), quality assurance surveys are distributed to beneficiaries, program participants, and/or their caregivers post-receipt of services (i.e. at the conclusion of services and/or the interaction) or annually, whichever comes first or is more appropriate, depending on the nature of the assistance provided.

Quality Assurance for Grant-Funded Providers

NCAAA grantees are required to detail their quality assurance process and organizational grievance procedures, in their request for funding. This information is evaluated by NCAAA's Allocation Committee during the proposal review process.

Quality Assurance for Trainings

NCAAA will issue evaluations upon the completion of all trainings. Evaluations will include a place for participants to indicate topics for which they would like to receive additional training and materials.

Utilization of Feedback in Quality Management

NCAAA staff reviews all survey responses identify trends or recurring issues. Feedback received regarding NCAAA-funded and/or operated programs is relayed to grants or program staff (respectively) as appropriate. Data from consumer satisfaction survey results is used to inform decisions regarding how services are designed and delivered; adjustments to protocols are evaluated as needed. Complaints are addressed, upon receipt, as appropriate.

AREA PLAN DEVELOPMENT PROCESS

The creation of NCAAA's 2026 – 2028 Area Plan included the following steps, procedures, instruments, and findings, detailed below.

Methodology

NCAAA utilized a multi-faceted method to assess the needs of older adults in the region. Quantitative and qualitative information provided measurable and intuitive data for analysis. Quantitative data included service utilization data, current research and related best practices, and other secondary information. Qualitative data included service provider input, and field observations. These techniques were used to collect and analyze data in a cost-effective manner given the time and resources available to NCAAA.

All data is compiled and analyzed by staff to:

- Provide a profile of older residents;
- Identify current resources;
- Identify needs and gaps in services;
- Develop a plan that sets priorities and enhances service delivery; and
- Target resources to the older residents of North Central Connecticut that are "most in need".

Review of Secondary Data

NCAAA staff identifies, collects, reviews, and analyzes information from national, state, regional, and local sources in order to identify policy issues and directives; analyze the current environment; predict future trends; and identify consumer needs, issues, and concerns. Sources used in the needs assessment process include but are not limited to the following:

- AARP studies and publications
- Information disseminated by the Federal Administration for Community Living
- Census information and updates
- Local needs assessments and studies
- DataHaven Community Profiles
- CT Healthy Aging Data Reports/UMASS Boston
- Information disseminated by the National Council on Aging
- NCAAA MIS and NAPIS data regarding service utilization
- NCAAA Information and Assistance Program information, regarding service needs and requests

Note: NCAAA was grateful this year to have had the support of an intern from Central CT State University (CCSU) who performed a substantial amount of the literature review that contributed to this plan. A. Bennett (CCSU Class of 2026) reviewed a majority of the issue-related materials including:

- National Strategy to Support Family Caregivers: Progress and Impact Report 2024. John A. Hartford, RAISE Family Caregiving Advisory Council, Grandparents Raising Grandchildren Advisory Council, and National Academy for State Health Policy.
- AARP's Valuing the Invaluable: 2023 Update Strengthening Supports for Family Caregivers.
- Hartford Foundation for Public Giving's Greater Hartford Community Wellbeing Index 2023 In partnership with DataHaven.
- Mapping Household Energy & Transportation Affordability in Connecticut 2020. Sears, J. & Badger, L. Funded by Operation Fuel.
- 2021Connecticut Statewide LGBTQ+ Community Needs Assessment. The Consultation Center, Inc., Griffin, A., Beschel, J., Garcia K., Chiaramonte, D., Linn, K., Clark, K.
- And a variety of articles from , Generations, a publication of the American Society on Aging on topics including: "solo aging", kinship caregiving, post-retirement employment, long-term care costs, and family dynamics in aging.

Community Focus Groups, Listening Sessions, and Public Input

During the needs assessment process, NCAAA conducted stakeholder interviews and listening sessions throughout the North Central Connecticut region to gather input from older adults, their families, network advocates, and care providers related to service gaps, needed services, and pressing issues. NCAAA staff conducted eleven 11 focus groups that included individuals from 30 towns around the NC PSA and represented all subregions with a mix of urban core, suburban, and our rural towns. Unlike in past years, NCAAA only provided one affinity-based focus group. On April 10, 2025 NCAAA attended a group convened by Community Action Network, an NCAAA grantee providing services for individuals who are deaf, deaf and blind, their personal support services and many family caregivers. In all other groups, individuals voluntarily completed surveys that inquired about participants' military service, caregiver experience, etc. Conceptually, we felt that a wholistic approach would be preferable. In terms of group dynamics, NCAAA had suggested a cap set at ten (10) per group to optimize participation and facilitation. The average attendance was seven (7) participants. Our smallest group was two (2) and the largest was fourteen (14).

In addition to the group opportunities, surveys were available online with hardcopies available upon request. Only 21 surveys were completed on line but as it was the first time we've gone through that exercise, we'll definitely do it again for future APs. On May 21, 2025, NCAAA's Advisory Council hosted a Public Hearing to collect

feedback on the draft Plan. The Public Hearing was advertised through a number of different avenues including electronic newsletters, social media posts, and a prominent display on the agency's homepage. The Public Hearing was held in person at 151 New Park, Hartford, CT and included a hybrid option for folks unable to attend. In addition to information collected on May 21, a downloadable feedback form was made available on the website and NCAAA offered to print and mail hard copies upon request. Feedback was collected and incorporated up to and including June 14, 2025.

In addition to the priorities previously described in detail, the following themes were clearly noted:

Regionalization emerged as an interest. Participants suggested that greater collaboration between towns could be beneficial particularly in areas such as transportation and access to programs. Many participants made comparisons to the offerings of neighboring towns but noted that their taxes would increase if those services were brought to their communities.

Aging in place isn't just health care. Lawn upkeep, swapping out air conditioners, purchasing groceries, cleaning the home, and doing laundry are just a few of the necessary but non-medical functions that emerged as unmet needs. Many participants reported relying on relatives and seeking volunteer programs because they could not afford to purchase the services directly. "I look for my circle of friends. Like my roof needed work so I called one of my friends and he helped me. Another friend suggested to consider widows benefits. I have family but my relatives aren't local."

Technology is changing the game. With more and more service functions online, older adults describe being in an environment where they're not fully confident or comfortable. A sentiment validated on a daily basis by the proliferation of scams aimed at seniors. On the flip side, there are folks that cannot afford a laptop or smart-device in the first place and who, by virtue of their "offline" status, feel isolated and left behind.

Knowing where to find services still needs to be easier. This sentiment was particularly common amongst consumers living in towns without Senior Centers as they reported being unaware of the services available to them and unclear as to where to find information if it was needed. *And, speaking of Senior Centers,* participants were incredibly grateful for the enrichment and socialization they provide. " [I am] thankful for the Senior Center…it has helped me live a more fulfilling life and it helps me get out". And "I volunteer here at the senior center and help [others] that are struggling. Attending the senior center helps me. I go on trips with the center. Grateful for [Senior Center Director], she reached out to me when I needed it most."

Final note, returning to social isolation. Lest this pass unnoticed, the authors of this Plan would like to emphasize the significance of mental health and the effects of social isolation emerging as a theme from consumer surveys and focus groups, in addition to the literature review. Historically, much of the discourse around older adults and mental health issues like depression and anxiety has been centered around the

role of stigma in dissuading older adults from seeking assistance or even engaging in open dialogue. While unwise to draw sweeping conclusions, the fact that loneliness, isolation, and/or mental health in general arose as an issue of this magnitude is an undeniable watershed moment for older adults throughout the North Central PSA.

NCAAA staff wishes to thank all of our hosts and hostesses for their hospitality. And our sincerest thanks to all who took the time to complete a survey, attend a session, or provide feedback at so many points along the line.

GOALS, OBJECTIVES, STRATEGIES, OUTCOMES, AND MEASURES

Goal 1: Improve access to long term services and supports for Older Americans Act target populations to support home and community living. (HCBS)

Objective 1	**Provide uniform, statewide information and navigation concerning HCBS**
1.1 Strategy (HCBS)	Certification in I R&A program of at least one Information Specialist and Service Navigator in each regional Agency.
1.2 Strategy (HCBS)	Annual training on Medicaid waivers and other eligibility information
1.3 Strategy (HCBS)	Update and maintain accurate information on the AgingCT.org website to guide residents on how to access HCBS and LTSS.
1.4 Strategy (HCBS)	Incorporate education and information on HCBS and LTSS in the annual AgingCT Summit to share with the statewide aging and disability networks
Outcome	There will be a reduction in fragmentation and enhanced comprehension of HCBS, LTSS and alternatives to nursing home placement.
Measure	NCAAA will have at least has at least one (1) staff member certified to provide Aging I&R from a nationally recognized training clearinghouse per contract requirement, annually throughout the duration of the Area Plan.
Measure	NCAAA will have at least three (3) CHOICES certified staff members, annually throughout the duration of the Area Plan.
Objective 2	**Enhance access to LTSS for disadvantaged populations targeted in the OAA**
2.1 Strategy (HCBS)	Utilize telephonic language services to support communication in all languages
2.2 Strategy (HCBS)	Include LTSS information during MIPPA presentations targeting disadvantaged groups. (See Acronyms, page 5, for greater explanation of program)
2.3 Strategy (HCBS)	Fund or provide at least one (1) program that addresses barriers to accessing HCBS faced by individuals with physical and/or developmental disabilities and/or their caregivers.
Outcome	There is an increase in the number of individuals from OAA target groups seeking information on LTSS because of heightened awareness.
Measure	Data analysis will indicate an increase in the number of individuals from OAA target populations that have received assistance.
Objective 3	**Utilize state-funded and Older Americans Act programs to support older adults waiting for eligibility in Medicaid home and community-based services**
3.1 Strategy (HCBS)	Introduce Title III nutrition services (congregate or home delivered as appropriate) to relieve caregiver burden, support healthy nutrition and access to food
3.2 Strategy (HCBS)	Utilize the assistance of the Service Navigator to help guide individuals through the complex Medicaid enrollment process
3.3 Strategy (HCBS)	Create or fund transportation services and/or programs that address the needs of older adults. With a focus most notably on programs that fill current gaps ie: Evenings, weekends, non-medical, intra-town, flexible, reduced/low cost.
Outcome	There will be an increasing number of clients served under Aging Answers programs become aware of and enrolled in Medicaid programs.

Measure	The deliverables under MIPPA contract will be met or exceeded annually throughout the duration of the Area Plan. (See Acronyms, page 5, for greater explanation of program)
Objective 4	**Support for informal caregivers**
4.1 Strategy (HCBS)	Provide person-centered planning support to caregivers through NFCSP, CSRCP, and Service Navigators
4.2 Strategy (HCBS)	Utilize in-home services including respite, nutrition, transportation and nursing care as needed
4.3 Strategy (HCBS)	Refer to support groups, disease associations (i.e. Alzheimer's Association) for additional support
Outcome	Caregivers will report that the support provided enabled them to maintain relative in community setting.
Measure	Reduced caregiver burn-out/burden will be demonstrated through the annual client survey.
Objective 5	**Adopt common core competencies of Person-Centered Planning (PCC) curriculums when discussing care options with adults seeking support**
5.1 Strategy (HCBS)	Continued staff training to properly provide PCC to ensure the preferences of individuals are at the center of decisions.
5.2 Strategy (HCBS)	Continued staff training in supported-decision-making models such as but not limited to Charting the Life Course to ensure the preferences of individuals are at the center of decisions.
Outcome	Consumers will maintain independence and exercise self-determination in making decisions for their care in the present and future.
Measure	NCAAA will maintain Person-Centered Planning certification of at least three (3) staff members throughout the duration of the Area Plan. NCAAA will seek to participate in webinars related to supported decision making and other lifespan issues as evidenced by Annual Area Plan Progress Report.
Objective 6	**Improve continuity of care across state systems by Bridging Aging and Disability Services**
6.1 Strategy (HCBS)	NCAAA and other member(s) of AgingCT will participate in Bridging Aging & Disability Community of Practice.
6.2 Strategy (HCBS)	NCAAA and other member(s) of AgingCT will participate in advocacy discussions and activities around items of common concern.
6.3 Strategy (HCBS)	NCAAA and other member(s) of AgingCT will seek out and attend trainings, webinars, etc. for professional development around A&D issues.
Outcome	Greater communication and coordination opportunities between Aging & Disability networks will foster creative ways to address unmet social health care needs and identify potential opportunities for systems change.
Measure	To be identified annually in Area Plan Progress Report, NCAAA engagement and training opportunities will include three (3) cross-disability and cross-lifespan activities on an annual basis, such as but not limited to co-presentations with regional Center for Independent Living.

Goal 2: Foster Healthy Aging (HA) of CT's Older Adults by addressing Social Health Care Needs

Objective 1 Equitable Access	**Improve access to health care and/or expand access to services that address chronic illnesses**

1.1 Strategy (HA)	Fund, offer, or connect to evidence-based health promotion programs (EBHPs), including CDSMEs, to be delivered with a focus on OAA target populations
1.2 Strategy (HA)	Partner with disease-specific organizations to create opportunities for synergy and cross-sector collaboration with a focus on OAA target populations
Outcome	Older adults will have access to a variety of EBHPs aimed at improving their quality of life.
Measure	MIS (WellSky A&D) data confirms that IIID funds are spent on qualifying EBHPs by either grantees or via IIID waivers on an annual basis.
1.3 Strategy (HA)	Maximize Medicare covered services by offering New To Medicare Presentations with focused outreach on OAA target populations
Outcome	Medicare beneficiaries will be increasingly aware of their preventive benefits, coverage options and important deadlines.
Measure	Increase in performance measures such as number of beneficiary contacts, number of “hard-to-reach” beneficiaries, and completion of group outreach and education events.
Objective 2 Housing	**Address upstream factors contributing to the rising rates of homelessness among older adults**
2.1 Strategy (HA)	Fund or provide pre-eviction housing assistance to older adults and individuals with disabilities with a focus on OAA target populations
Outcome	Greater availability of outreach, information, and advocacy will confirm the growing need for affordable housing and will empower consumers to fight to keep their homes.
Measure	Collected annually, consumer satisfaction surveys indicate greater level of confidence and awareness of rights and protections.
2.2 Strategy (HA)	Work with housing advocates to establish annual communication and training opportunities
2.3 Strategy (HA)	Conduct benefits outreach to connect individuals with greatest economic and social need to public income support programs such as Supplemental Nutrition Assistance Program (SNAP)
Outcome	Older adults and individuals with disabilities are being identified for assistance earlier, and these interventions are leading to the preservation of housing with a focus on OAA target populations.
Measure	Three (3) housing-related activities are attended or provided by AAA staff annually.
Objective 3 Nutrition & Food Insecurity	**Develop multi-faceted approaches to wellness by addressing food insecurity and malnutrition**
3. 1 Strategy (HA)	Fund or provide at least two (2) nutrition program(s) that are innovative, exhibit cultural sensitivity, and/or expand access to meals through non-traditional means
Outcome	A variety of nutrition program options will maximize the accessibility and availability of meals to key OAA populations.
Measure	MIS (WellSky A&D) data will confirm that elderly nutrition program dollars are successfully reaching OAA target populations on an annual basis.

3.2 Strategy (HA)	Support the integration of evidence-based nutrition practices into home delivered meals and senior community cafes
Outcome	Coupled with the provision of meals, evidence-based health promotion programs foster positive change through enhanced education and understanding.
Measure	At least 2 Elderly Nutrition Provider contracts will reflect an emphasis on EBHP annually throughout the duration of this Area Plan..
3.3 Strategy (HA)	Conduct benefits outreach to connect individuals with greatest economic and social need with public income support programs such as SNAP.
Outcome	Increased participation in public benefit programs by dually-eligible population will provide greater economic stability and access to necessary services.
Measure	MIPPA deliverables will be met or exceeded annually throughout the duration of this Area Plan. (See Acronyms, page 5, for greater explanation of program)
Objective 4 Engagement/ SI	**Address issues of social isolation and loneliness as significant threats to the health and well-being of older adults through Older Americans Act funding.**
4.1 Strategy (HA)	Fund at least 4 programs designed to foster community connections or dispel loneliness and isolation among home-bound elders
4.2 Strategy (HA)	Assess and enroll consumers (as appropriate) in Caregiver Support Programs to access services including person-centered planning, care management, support groups and in-home services to relieve caregiver burden, reduce health & safety risks and ease the burden of loneliness and isolation (for both caregivers and care-recipients)
4.3 Strategy (HA)	Introduce Title III nutrition services (congregate or home delivered as appropriate) to relieve caregiver burden, support healthy nutrition and access to food, and establish “eyes” through the HDM volunteer/driver
4.4 Strategy (HA)	Create or fund transportation services and/or programs that address the needs of older adults. With a focus most notably on programs that fill current gaps ie: evenings, weekends, non-medical, intra-town, flexible, reduced/low cost.
4.5 Strategy (HA)	Utilize regional Information & Assistance program to connect at-risk older adults to community-based supports with a focus on OAA target populations
Outcome	Enrollment in and access to community-based support programs ameliorates negative health impacts from Isolation and loneliness.
Measure	There will be a decrease in self-reported loneliness and isolation among BetterAge pilot users; to be assessed at intervals throughout the duration of the Area Plan depending upon host-site on-boarding and operations.
Measure	Utilization data will confirm that funded programs are reaching OAA target populations as intended. To be assessed annually throughout the AP.

GOAL 3: PROTECT THE RIGHTS OF ELDERS IN OLDER AMERICANS ACT TARGET POPULATIONS BY IDENTIFYING AND ADDRESSING POTENTIAL SOCIAL, ECONOMIC, AND INSTITUTIONAL CAUSES. (ER)

Objective 1: (ER)	**Identify and work to mitigate potential discrimination, abuse, or fraud perpetuated against older adults that may impact or impede their opportunity for full community engagement**

1.1 Strategy (ER)	Fund, support, or provide programs that address the potential discrimination, abuse, or fraud perpetuated against older adults with respect to their opportunity for full community engagement
1.2 Strategy (ER)	Address systemic ageism and ableism that contributes to the discrimination against older adults and the devaluation of CTs older residents by participating in cross-sector collaborative activities such as but not limited to the Connecticut Coalition on Aging and Developmental Disabilities (CCADD).
Outcome	A greater understanding of the pervasive nature of ageism, its causes, and how it contributes to the greater potential for discrimination, abuse, and fraud, leads to greater utilization and support of community engagement programs and activities.
Measure	• The deliverables under NCAAAs approved Elder Abuse plan are met on an annual basis and commensurate with available funding. • Annual Area Plan Progress Report and MIS (WellSky A&D) data confirms this regional priority is represented in funded projects and in agency activities on an ongoing basis.
Objective 2	**Identify and work to mitigate the effects of and opportunity for potential discrimination, abuse, or fraud perpetuated against older adults with respect to securing and maintaining appropriate housing arrangements in order to forestall housing insecurity**
2.1Strategy (ER)	Fund, support, or provide at least one program that addresses the rising incidences of homelessness among older adults.
2.2Strategy (ER)	Engage with community-based organizations and other collaborators acting in the housing space to ensure information sharing and joint training opportunities
Outcome	A greater understanding of the pervasive nature of ageism, its causes, and how it contributes to the greater potential for discrimination, abuse, and fraud, will lead to greater utilization of and support for housing advocacy and education programs.
Measure	Annual Area Plan Progress Report and MIS (WellSky A&D) data confirms this regional priority is represented in funded projects and agency activities. Assessed annually throughout the AP.
Measure	NCAAA staff will participate in one (1) housing-related presentation, training, or collaboration annually throughout the duration of this Plan.
Objective 3:	**Identify and address social isolation among homebound older adults as a risk factor for discrimination, abuse, or fraud.**
3.1 Strategy (ER)	Through Elderly Nutrition programs provide in-home nutrition counseling and nutrition education for homebound individuals receiving home delivered meals.
3.2 Strategy (ER)	Fund, support, or provide at least one program that addresses social isolation of homebound elders through the lens of risk and/or safety.
3.3 Strategy (ER)	Engage with grantees, in home service providers and homebound elders re: the warning signs of Elder Abuse and pertinent resources.
Outcome	Multi-sector collaboration improves quality of life of homebound individuals by improving sense of connection and community support.

Measure	• Annual Area Plan Progress Report and MIS (WellSky A&D) data will confirm this regional priority is represented in funded projects and agency activities. • NCAAA will participate in at least one activity in recognition of World Elder Abuse Awareness Day annually (June 15th).
Objective 4	**Utilizing cross-sector collaboration, address discrimination, abuse, or fraud perpetuated against older adults and individuals with disabilities through the lens of legislative advocacy and cross-sector collaboration**
4.1 Strategy (ER)	NCAAA and AgingCT will participate in the CT Cross Disability Alliance Legislative Advocacy Committee and will support and/or initiate legislative advocacy to support OAA target populations.
4.2 Strategy (ER)	NCAAA and AgingCT will participate on CT Elder Justice Coalition, state-wide multidisciplinary team co-chaired by ADS Legal Services Developer and LTCOP Director.
Outcome	Aging and Disability community advocates identify areas of common experience, interest and importance which in turn create opportunities for cooperation and support on shared legislative priorities.
Measure	• Annual Area Plan Progress Report and MIS (WellSky A&D) data will confirm this regional priority is represented in funded projects and agency activities. • Testimony will be presented annually on range of topics of importance to OAA populations. • Legislative outreach materials will be distributed statewide on an annual basis.
Objective 5	**Promote opportunities to address and ameliorate barriers to equitable access to services for historically underserved populations.**
5.1 Strategy (ER)	Fund, support, or provide at least one program that addresses the potential for discrimination, abuse, or fraud perpetuated against older adults through the lens of equitable access to services for historically underserved populations
5.2 Strategy (ER)	Ensure that all agency public events are accessible to older adults and individuals with disabilities who are deaf or hard of hearing
5.3 Strategy (ER)	Aging Answers programs will maintain bilingual/bicultural language translation so that consumers are able to communicate in their most comfortable language. [See Acronyms, page 5, for further description.]
5.4 Strategy (ER)	Aging Answers programs will maintain the availability of one-on-one assistance in the setting of the consumer's choice and preference
Outcome	By meeting our consumers where they are and engaging in a person-centered approach, NCAAA will play a key role in ensuring access while fighting institutional bias, ableism and racism.
Measure	Annual Area Plan Progress Report and MIS (WellSky A&D) data will confirm this regional priority is represented in funded projects and agency activities throughout the duration of this Plan: • Presence of NCAAA service agreements with interpretation firms. • Presence of NCAAA contracts for services with Language Line or related translation vendor. • Calendar is maintained for in-office appointments • List of in-community partners is available.

ATTACHMENT A
AREA PLAN ASSURANCES

The Area Agency on Aging assures that it will comply with the Older Americans Act, including Section 306 as described below.

Sec. 306. AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1).

Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurance that -

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total

amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.



Chief Executive Officer, North Central Area Agency on Aging

06/25/2025

DATE

ATTACHMENT B
EMERGENCY PREPAREDNESS PLAN

EMERGENCY PREPAREDNESS* DEFINED

**Please Note that use of "Emergency Declaration" includes but is not limited to official Emergency Declarations from State or Federal Government. Since the COVID pandemic, this term has been used specifically denote official designations. We will use it more informally and with the intent to be all-encompassing.*

With this defined, states of emergency may arise externally by directive of law enforcement or governmental entities and weather-related events e.g. Or they may arise internally at the discretion of the NCAAA Management Team in cases of agency or location-specific events such as fire, power-outage, or staff-related emergencies. The Chief Executive Officer functions as the Emergency Communications Officer in all circumstances and directs activities as listed herein.

ROLES AND RESPONSIBILITIES DEFINED

In the North Central Region, NCAAA does not have a formal role to play in emergency management or disaster planning activities at a local, regional, or state-level. Rather, NCAAA functions as a hub for information, referral, coordination, and communication. NCAAA belongs to the Capitol Region Council of Governments (CRCOG) Human Services Coordinating Council (HSCC) and participates in post-event strategy, recovery and mitigation activities.

COMMUNICATION is the foundation of successful emergency management and response. What follows is an overview of NCAAAs communication protocol delineated by population and staff assignment starting with the hierarchy or chain of command.

1. Chief Executive Officer (CEO)/Emergency Communications Officer
2. Chief Operating Officer (COO)
3. Finance Director (FD)
4. Administrative Manager (AM)

STAKEHOLDER COMMUNICATION

Broadly, stakeholder groups include: Board of Directors, Advisory Council, Funders, Legislators, Grantees, and Providers. The CEO/Emergency Communications Officer will be responsible for crafting and delivering the messaging to all stakeholders listed above as well as additional ad hoc requests such as but not limited to those from the media. The methodology employed will depend on the nature of the emergency/business disruption as well as the effectiveness of messaging for particular populations for instance the use of sign-language interpretation and/or other multi-lingual avenues as indicated. Methodologies currently include but are not limited to:

- Telephone call *
- Group text
- Email
- Virtual meeting

- Electronic Newsletter/Alert
- Social Media: Facebook, Twitter, Instagram
- Website
- Chyrons on WFSB Channel 3

The **frequency and duration** of updates will also be dependent upon the nature of the emergency/business disruption and may vary depending upon the audience being addressed, the availability of information, and the rapidity with which information is changing.

**Out of office messages will be left on the NCAAA main line number with the necessary information as well as out-of-office messages on individual telephones and emails. All messages received off-hours will be directed to contact 911 in case of an emergency. Please note that depending upon the nature of the emergency, NCAAA may choose to implement alternate working hours in order to accommodate the needs of our consumers. Any decision of this nature will be at the discretion of the CEO/ Emergency Communications Officer.*

Effective deployment of communication strategies anchors NCAAA priority of ensuring continuity of services for our consumers to the extent possible. ***The sections below describe the methodology used to minimize negative impact by service delivery type.***

NCAAA DIRECT SERVICES INCLUSIVE OF OAA WAIVER SERVICES

- Through the use of technology, NCAAA has effectively created an infrastructure that no longer ties staff to a specific bricks & mortar location. Therefore, NCAAA staff with consumer-facing responsibilities including OAA-waivered services are able to continue to function in their roles in the event of an emergency.
- Situational reporting including client-specific concerns will be requested from staff at a frequency and duration commensurate with the nature of the emergency/business disruption. Situation reporting will be requested by and directed to the **Chief Operating Officer.**

PURCHASED SERVICES FROM CONTRACTED PROVIDERS

- NCAAA holds Provider Service Agreements with a variety of home health organizations, DME vendors, skilled nursing facilities, and related services under the CSRCP and NFSCP programs. These Provider Service Agreements stipulate that it is the responsibility of these providers to have back-up services available to support and care for consumers of these programs in the event of an emergency.
- To the extent that forewarning is possible, CEO/Emergency Communications Officer will communicate with providers and vendors in advance of the anticipated event in order to ensure necessary preparations are in place or underway.
- Situational reporting including client-specific concerns will be requested from contracted providers at a frequency and duration commensurate with the nature of the emergency/business disruption.

- Updates will be requested by and directed to the **Supplemental Services/Billing Coordinator** under the supervision of the **Chief Operating Officer**.

OAA CONTRACTED SERVICES

- NCAAA's contracts with OAA grantees stipulate that it is the responsibility of these grantees to have back-up services available in order to support and care for consumers of their programs in the event of an emergency.
- To the extent that forewarning is possible, CEO/Emergency Communications Officer will communicate with OAA grantees in advance of the anticipated event in order to ensure necessary preparations are in place or underway.
- Situational reporting will be requested from grantees at a frequency and duration commensurate with the nature of the emergency/business disruption.
- Updates will be requested by and directed to the **Grants Manager** under the supervision of the **Chief Operating Officer**.

NCAAA PERSONNEL EXPECTATIONS AND CODE OF CONDUCT

- Staff are expected to work together, to remain calm, and to assist each other in any way possible.
- All HIPPA guidelines and expectations remain in effect.
- Staff emergency contact information is reviewed annually and new-hires' information added to contact list on an ongoing basis.
- In accordance with NCAAA's Telework Agreement, all functions of an employee's job shall be performed as if the employee was seated in the office.
- If any NCAAA staff member is adversely affected by the emergency, or needs technical or logistical support when operating remotely, he/she will work with the **Administrative Manager** for assistance and remediation.
- Updates will be requested by and directed to the **Administrative Manager** under the direction of the **CEO/Emergency Communications Officer**.

BUSINESS EMERGENCY PLAN

With the assistance of the agency's technology vendor, NCAAA has created a detailed business continuity plan inclusive of all major business operations, vendor contacts, and mission-critical processes. An abridged-version of this plan is included as well for the purpose of confirming NCAAA's preparation and commitment to continuity of services. The BCP is an important document in that encompasses all mission-critical and back-office functions but is beyond the scope of this required attachment. Included for illustration purposes, please see below table of contents and "Purpose" as an indication of breadth and scope of NCAAAs preparation for any unfortunate contingencies.

NCAAA Business Emergency Plan (BEP)
(AP Version, effective 07/01/2025)

Contents

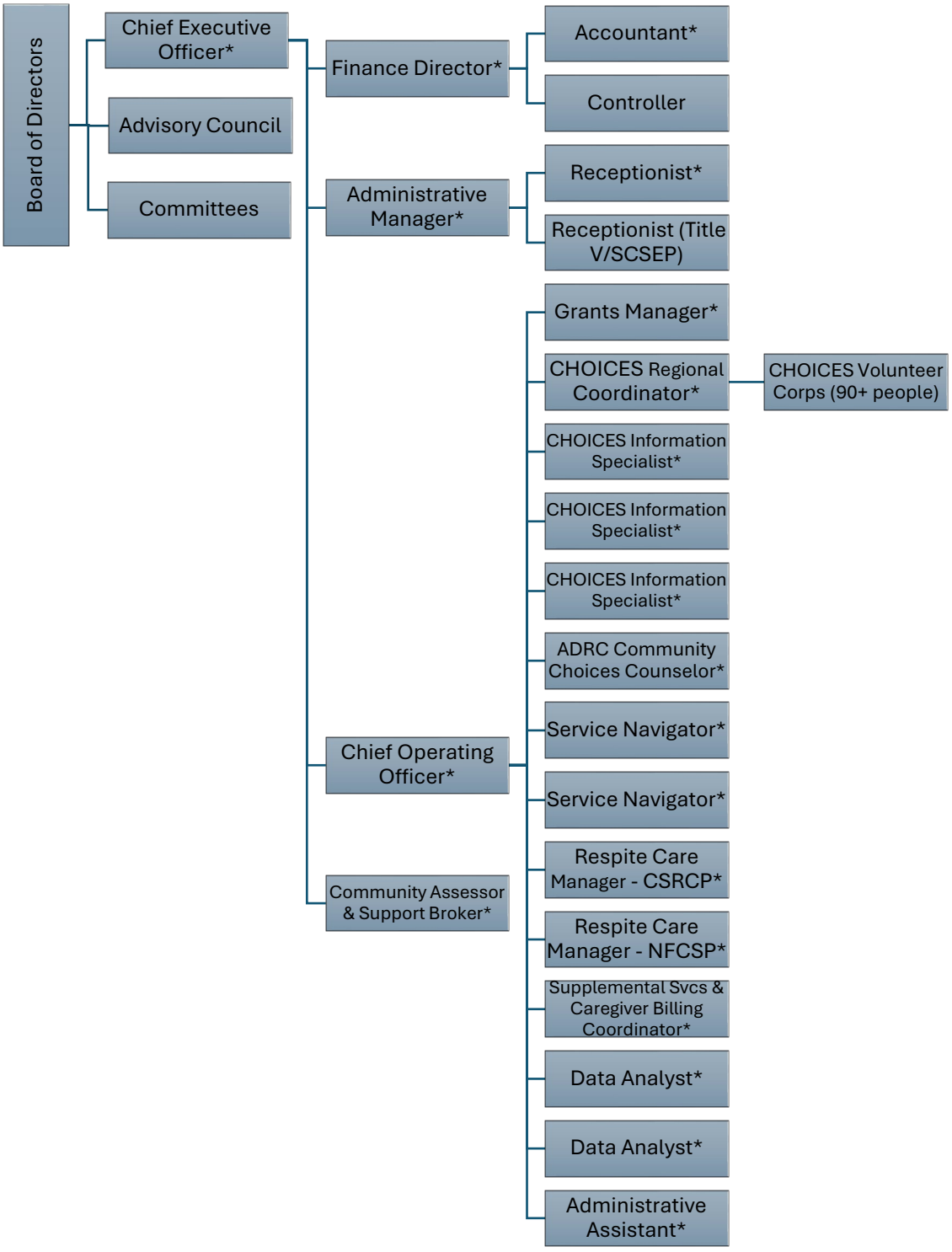
1 – Purpose 2
2 – Business Emergency Plan 3
3 – Emergency Call Tree 4
4 – Lists and Documentation 5
5 – Regulatory and Program Reporting 7
6 – Office Emergency Plan 8
7 – Emergency Mode Remote Operation Plan 9

1 – Purpose

The Business Emergency Plan (BEP) provides a framework, guidance, and concept of operations to support the NCAAA staff to continue and/or rapidly restore their critical business and program functions in the event of a disruption to normal operations. The BCP includes an overview of continuity operations, outlines the approach for supporting NCAAA's critical business functions, and defines the roles and responsibilities of management. It also outlines the orders of succession, notification procedures and communication methods. The Board of Directors will review BCP annually and be informed of any material changes. Appendices will be reviewed annually by Management to ensure accurate and up-to-date versions.

This plan is effective for July 1st, 2025, but should be reviewed at least annually to include updated details on related systems, personnel, phone numbers, and processes.

ATTACHMENT C
ORGANIZATIONAL STRUCTURE



*Denotes Area Agency on Aging Staff

ATTACHMENT D
FOCAL POINTS DESIGNATED IN THE PLANNING AND SERVICE AREA

(NEW CONTACT)

Berlin Senior Center 33 Colonial Drive Berlin, CT 06037	**Tina Doyle**	**2005**	www.berlinct.gov	860-828-7050
Bloomfield Senior Services 330 Park Avenue Bloomfield, CT 06002	**Yvette Hughue-Pannell**	**1994**	www.bloomfieldct.gov	860-243-8361
Bristol Senior Center 240 Stafford Avenue Bristol, CT 06010	**Jason Krueger**	**1990**	www.bristolct.gov	860-584-7895
Calendar House Senior Center 338 Pleasant Street Southington, CT 06489	**Dawn Sargis**	**1990**	www.southington.org	860-621-3014
Catholic Charities **South End Wellness Center** 830 Maple Avenue Hartford, CT 06114	**Awilda Rodriguez-Morillo** ****NEW SITE****	**2025**	www.ccaoh.org	860-757- 0844
Catholic Charities **Hispanic Senior Ctr** 45 Wadsworth Street Hartford, CT 06106	**Nilda Morales-Rivera**	**1997**	www.ccaoh.org	860-718- 5645
(CAN) Communication Advocacy Network **Disability Rights CT** **846 Wethersfield Ave.** **Hartford, CT 06114**	**Jennifer White-Jackson** ****NEW SITE****	**2025**	https://cancorp.org/	860-566-9488
Community Renewal Team 555 Windsor Street Hartford, CT 06120	**Heidi Lubetkin**	**2021**	www.crtct.org	860-761-7904
Connecticut Community Care 43 Enterprise Drive Bristol, CT 06010	**Julie Evans-Starr**	**1981**	www.ctcommunitycare.org	866-845-2224
East Hartford Senior Center & Senior Services 70 Canterbury Street East Hartford, CT 06118	**Victoria Liberator**	**1994**	www.easthartfordct.gov	860-291-7493
Ellington Human Services 55 Main Street Ellington, CT 06029	**Rebecca Stack**	**2005**	www.ellington-ct.gov	860-870-3128

Elmwood Senior Center 1106 New Britain Avenue West Hartford, CT 06110	**Rebecca Sears**	**1981**	www.westhartfordct.gov	860-561-7582
Enfield Senior Center 299 Elm Street Enfield, CT 06082	**Mary Keller**	**1994**	www.enfield-ct.org	860-763-7426
Enfield Social Services 110 High Street Enfield, CT 06082	**Cynthia Guerreri**	**2021**	www.enfield-ct.org	860-253-6403
Farmington Senior Center 321 New Britain Avenue Unionville, CT 06085	**Nicole Dineen**	**1997**	www.farmington-ct.org	860-675-2493
Glastonbury Senior Center at Riverfront Community Center 300 Welles Street Glastonbury, CT 06033	**Ronda Guberman**	**1990**	www.glastonbury-ct.gov	860-652-7646
Granby Senior Center 15C North Granby Road Granby, CT 06035	**Sandy Yost**	**1981**	www.granby-ct.gov	860-844-5351
Greater Hartford Mandell Jewish Community Center 335 Bloomfield Avenue West Hartford, CT 06117	**TBD**	**1990**	www.mandelljcc.org	860-714-2149
Hartford Elderly Services at North End Senior Center 80 Coventry Street Hartford, CT 06112	**James Johnson, Jr.**	**1981**	www.hartford.gov	860-757-0801
Hartford HealthCare Center for Healthy Aging 80 Meriden Ave. Southington, CT 06489	**Nancy Becker**	**2021**	www.hhchealth.org	860-707-6591
Hockanum Valley Community Council 29 Naek Road, Vernon, CT 06066	**David O'Rourke**	**1994**	www.hvcchelps.org	475-977-3393
Manchester Human Services 479 Main Street Manchester, CT 06045	**Joel Cox**	**1994**	www.manchesterct.gov	860-647-3091
Manchester Memorial Hospital Therapeutic Services 71 Haynes Street Manchester, CT 06040	**Kimberley Palma**	**1997**	www.echn.org	860-872-5306
Marlborough Senior Services 26 North Main Street, Box 29 Marlborough, CT 06447	**Shoshanna Merced**	**2005**	www.marlboroughct.net	860-295-6209
McLean 75 Great Pond Road Simsbury, CT 06070	**Carlene Rhea**	**2005**	www.mcleancare.org	860-658-3702
New Britain Senior Center 55 Pearl Street New Britain, CT 06051	**Nick Talbot**	**1990**	www.newbritainct.org	860-224-2226

Newington Senior & Disabled Center 120 Cedar Street Newington, CT 06111	**Jaime Trevethan**	**1990**	www.newingtonct.gov	860-665-8778
Plainville Senior Citizens Center 200 East Street Plainville, CT 06062	**Shawn Cohen**	**1981**	www.plainvillect.com	860-747-5728
Plymouth Health & Human Services 77 Main Street Terryville, CT 06786	**Carin Grunwald**	**2009**	www.plymouthct.us	860-585-4028
Rockville General Hospital Therapeutic Services 31 Union Street Rockville, CT 06066	**Kimberley Palma**	**1994**	www.echn.org	860-872-5306
Rocky Hill Human, Youth & Senior Services 699 Old Main Street Rocky Hill, CT 06067	**Melissa Hicks**	**1994**	www.rockyhillct.gov	860-258-2799
Rocky Hill Senior Center 699 Old Main Street Rocky Hill, CT 06067	**Gina Marino**	**1994**	www.rockyhillct.gov	860-258-2786
Russell Mercier Senior Center 14 Stonecroft Drive Hebron, CT 06248	**Sharon Garrard**	**1994**	www.hebronct.com	860-228-1700
Simsbury Senior Citizens Center 754 Hopmeadow Street Simsbury, CT 06070	**Kathleen Marschall**	**1994**	www.simsbury-ct.gov	860-658-3273
South Windsor Human Services 150 Nevers Road South Windsor, CT 06074	**Andrea Confrancesco**	**1981**	www.southwindsor-ct.gov	860-648-6357
Suffield Community Services/ Senior Center (SSC) 145 Bridge Street Suffield, CT 06078	**Peter LeClerc**	**2021**	www.suffieldct.gov	860-668-8830
Suffield Community Aid 145 Bridge Street Suffield, CT 06078	**Mary Curtin**	**2021**	www.suffieldcommunityaid.org	860-668-1986
Tolland Senior Center 674 Tolland Stage Road Tolland, CT 06084	**Kyle Sandness**	**2005**	www.tolland.org	860-870-3725
UR Community Cares 5 Jamie Lane, Unit C Manchester, CT 06040	**Michelle Puzzo**	**2021**	www.urcommunitycares.org	860-430-4557
Vernon Social Services 14 Park Place Vernon, CT 06066	**Matthew Hellman**	**2005**	www.vernon-ct.gov	860-870-3661
Vernon Senior Citizens Center 135 Bolton Road Vernon, CT 06066	**Maureen Gabriele**	**1994**	www.vernon-ct.gov	860-870-3680

Veterans Strong Community Center, Inc. 111 North Main Street Bristol, CT 06010	**Donna Dognin**	**2021**	www.vetstronginc.org	860-584-6258
Visiting Nurse & Health Services 8 Keynote Drive Vernon, CT 06066	**Karla Vince**	**1994**	www.echn.org	860-872-9163
Warehouse Point Library Association 107 Main Street East Windsor, CT 06088	**Richard Ross**	**2005**	www.warehousepointlibrary.info	860-623-5482
West Hartford Senior Center 15 Starkel Road West Hartford, CT 06117	**Rebecca Sears**	**1994**	www.westhartfordct.gov	860-561-7582
Wethersfield Senior Center at Pitkin Community Center 30 Greenfield Street Wethersfield, CT 06109	**Amy Miller-Dignoti**	**1997**	www.wethersfieldct.gov	860-721-2979
Windsor Locks Senior Center 41 Oak Street Windsor Locks, CT 06096	**Anne Marie Claffey**	**1981**	www.windsorlocksct.org	860-627-1425
Windsor Senior Center 599 Matianuck Avenue Windsor, CT 06095	**Rebecca Joyce**	**1994**	www.townofwindsorct.com	860-285-1881

ATTACHMENT E
ACCOMPLISHMENTS

The Accomplishments on page 10 were highlighted to specifically illustrate the Core Services of Area Agencies on Aging including Planning & Development, Advocacy, Information & Referral, Funds Administration and Program and Resource development as well as the key OAA categories IIIB (Supportive Services/Access), IIIC (Nutrition), IIID (Disease Prevention/Health Promotion, and IIIE (Family Caregivers.)

The Accomplishments listed below speak primarily to NCAAAs activities relative to expanding capacity to support OAA target populations and to the importance of partnerships and community involvement in furthering OAA activities.

Activities Focused on OAA Target Populations

Targeted Alzheimers Disease Outreach. As the North Central Region has the highest rate of Alzheimer's Disease in the state of CT (15% in NC as compared to the statewide average of 13.9% per the CT HADR_2024) and as communities of color are both more at risk for Alzheimers Disease and least likely to access services, NCAAA has maintained close working relationships with partners at the CT Chapter of the Alzheimer's Association. Examples of collaboration and cooperation included: Training of NCAAA staff to be Community Educators, joint presentations to community organizations serving older adults and persons living with dementia such as the CT Coalition to End Homelessness and the Institute for the Hispanic Family, facilitated introductions to OAA grantees with higher percentages of OAA target populations, and co-tabling at community events to facilitate information, assistance, and referral triage.

Staff training to ensure cultural competence in supporting LGBTQIA+ older adults. By 9/30/23 90% of NCAAA staff had completed the first phase of Certification by SAGE US. The second phase, a virtual webinar conducted by SAGE Staff took place on November 1, 2023. Today, NCAAA continues to proceed with a variety of short and long-term opportunities to improve our inward and outward facing demonstration of our commitment inclusion. For our staff, NCAAA's EAP provides sessions on open and affirming workplace workshops, and our Board of Directors and Advisory Council membership applications have been reworked in order to ask more nuanced questions to ensure representation. As of this writing, NCAAA is proud to hold a Platinum Credential from SAGE.

Bridging Aging & Disability Services. Building on the rapport developed during the Stay-Connected Program, AAAs worked closely with the BOA, SILC, the DD Council, and UCONN UCEDD during discussions on Vaccine Access funds. Collaboration around

these activities was very helpful and led to the opportunity for additional cross-over activity. Specifically, the AAAs were included as project partners in the DD Council's ACL Community of Practice Grant which has led to numerous opportunities to co-present on programs and infrastructure development. Meetings of the CoP continue today.
In addition the Directors of NCAAA and the SILC meet regularly to identify opportunities and maintain inter-agency communication. Staff also attends the weekly (monthly/seasonal) legislative action committee of the statewide Cross-Disability Action Alliance. Increasing awareness of the programs and services "housed" in each sector will create smoother glide-paths for consumers and their families.

The Importance of Partnerships
Senior Centers - NCWAIT – Since 2014 NCAAA has coordinated a monthly meeting of NC region Senior Center Directors. Short for "North Central We're All In this Together", NCWAIT has served many functions through the years and has been an invaluable tool to facilitate communication around "hot topics" such as nutrition, COVID-19, and funding levels. Within this Plan's duration, NCWAIT participation has declined so in response, NCAAA launched a survey to solicit feedback. Overwhelmingly, the preference was for training and professional development opportunities over standard meetings. Since then, NCAAA has held multiple well-attended programs, and responses to our monthly email updates have been robust. In addition, NCAAA attempts to provide CECs for our programs whenever possible. Our elder network colleagues are often in need of cost-effective ways to maintain licensure and certification, and so we do our best to oblige.

Focal Points After Hours. In order to support the development of this Area Plan NCAAA hosted a series of four *"Focal Point After Hours"* gatherings around the region aimed at our network of current Focal Points and also to function as a recruitment tool for new applicants. Focal Point representatives were invited to join NCAAA staff at various venues throughout the region and provide their feedback and suggestions about their Focal Point roles. The outreach was fun, fruitful, and did lead to the recruitment of additional Focal Point candidates. Also this year, we had translated the Focal Point application into Spanish to encourage non-traditional sites to apply. This will likely be an ongoing/longer-term story, but this year it was sent on its way.

Policy Briefings. Prior to the start of the legislative session, NCAAA organized annual Listening Sessions and Policy Briefings aimed at gathering priority positions from our partners as well as garnering support for pending legislation. Attendees typically include Senior Center personnel, Municipal Agents for the Elderly, Focal Point representatives and community advocates. Some examples of invited presenters include the Alzheimer's Association, Operation Fuel [Now GenPower], Journey Home, the State Independent Living Council and the CT Fair Housing Center.

Legislative testimony. Throughout the years of this Area Plan, NCAAA together with AgingCT has supported, provided testimony, distributed materials, and requested Board/Advisory Council participation on a wide range of Bills that provided for the health, welfare and security of older adults. Partnerships and coalitions have played a sizable role in any legislative successes achieved throughout this plan. Collaborators in these efforts typically included but were not limited to: AARP, Alzheimers Association, Cross Disability Lifespan Alliance and the State Independent Living Council. The list of legislation below is not comprehensive, rather selected to show how NCAAA/AgingCT acted in concert with aging and disability partners.

- An Act Promoting Access to Affordable Prescription Drugs, Health Care Coverage
- An Act Establishing a Task Force to Study …Elderly Nutrition
- An Act Establishing a Statewide Dementia Services Coordinator
- An Act Increasing HUSKY C Asset and Income Limits

AgingCT Summit. For the past two years of this plan, AgingCT has hosted a very successful conference at the Aquaturf Club in Plantsville. An at-capacity crowd has attended to hear speakers on a variety of topics of interest to aging and disability network professionals and advocates. Examples of sessions include housing, transportation, financial security, social isolation, and ageism. Many topics that feature prominently in this plan.

Informing and Delivering Services

The Great AAAsk was an endeavor funded by the Point32Health Foundation in support of AgingCT's Aging Answers grant submission. The purpose of the survey was to identify the needs of older adults and also to attempt to quantify satisfaction with and ease of use of the existing service infrastructure. The survey yielded excellent data that has informed many projects for AgingCT including the successful development of the Service Navigator function and a successful bid for state funding. In addition to the Service Navigator, the Great AAAsk set the stage for Aging Answers, a unified approach for service delivery across the five Area Agencies on Aging. We are excited that these early initiatives have begun to take root and expand through conversations with our partners in the disability community such as the SILC/CILs. As we head into the 2026-2028 plan, funding opportunities are being explored, and joint meetings are taking place to discuss a potential expansion of Aging Answers into Aging & *Disability* Answers.

In addition, the Great AAAsk indicated that NCAAA and our provider network has been very successful in providing information, referral and assistance. The survey was structured to measure participants' knowledge and "awareness" of a variety of topics relevant to older adults, individuals with disabilities, and their families. Respondents in the

North Central Region reported the “highest level of awareness” statewide in the following categories: Legal Services, Personal Care Assistance, Home Care Services, and Food Security; all of which are key-OAA services.

Outreach and Education. NCAAA has successfully engaged in a variety of multimedia and multicultural strategies to public information and assistance, many of which are recurring engagements developed as a result of both longstanding relationships as well as new partnerships. Examples include: Fox 61 campaigns for Medicare Open Enrollment and Bus Ads for the caregiver programs, Coffee & Tea with AARP, virtual chats with UR Community Cares, presentations to CCSU students for Careers In Aging Week, and standing interviews and taped segments on *Radio Station/WPRX (“La Puertoriqueñisima” 1120AM): Identidad Latina (*Multimedia) Radio and newspaper.

The ASSIST Program. “Assisting Socially Isolated Seniors to Thrive”. NCAAA Staff developed the ASSIST program to address an inequity in our menu of services: Seniors with caregivers have access to Supplemental Services under the National Family Caregiver Support Program. Seniors without caregivers do not have access to the benefits of Supplemental Services, but will arguably have a greater social and economic need for same. The ASSIST program began in 2024 with support from the American Rescue Plan Act (ARPA) which mandated that its programs address the social and economic needs exacerbated by the COVID 19 pandemic such as food insecurity, social isolation, and financial stress. The funds were used to provide items and services to older adults and individuals with disabilities who were at risk of institutionalization or homelessness because they lack the resources or support to remain at home safely. Additional services funded by ASSIST: bus passes, car repairs, hospital beds, ramps, electrical repairs, back rent, and a variety of household accessibility devices. NCAAA also partnered with the Bridging the Digital Divide Program to provide laptops, tablets, or smartphones to consumer along with individualized training as needed.

Provision of funds for pilot programs –NCAAA also works successfully with community partners to develop and support pilot projects as opportunities should arise. For example, in 2022 with funds from the CDC and ACL, NCAAA developed and distributed an RFP requesting letters of interest from organizations representing communities of color and non-English Speaking older adults. Letters were received from organizations such as: CRT, Make the Road CT, Northern Black Nurses Association, and The San Juan Center. Then in 2023 the State Unit on Aging approved for funding 2 out of 3 proposed projects to be funded by State ARPA dollars. These programs included: Skills2Care Caregiver Support for families caring for a loved one with Alzheimer’s Disease. And,

Additional support for CT Fair Housing Center's advocacy, outreach, and education programs with respect to the rights of older adults and renters at risk. The increased need for housing advocacy and intervention was identified early in the previous Area Plan and grantees were actively recruited to fill the need. In the 2026-2028 Area Plan development process, affordable and available housing was one of the most frequently-cited concerns by survey respondents and focus group attendees.

Please visit our website where NCAAA posts the Area Plan, our Focal Points, and list of current OAA-funded programs.

NCAAA is ever-grateful to our volunteers, partners, and colleagues whose collaboration and sustained commitment enable these deliverables to be achieved year-in and year out. Thank you!

ATTACHMENT F
ACCOUNTING SYSTEM CERTIFICATION

FMLCPAS.COM



June 24, 2025

State Department of Aging State Unit on Aging
55 Farmington Avenue
Hartford, CT 06105

Dear Grantor:

We are certified licensed public accountants and have been engaged to audit and report on the financial statements of the North Central Area Agency on Aging, Inc., hereafter refer to as the Area Agency on Aging, which is a private nonprofit organization in Hartford, Connecticut for the year ending September 30, 2023.

We understand that the Area Agency on Aging has received annual grants of Federal Title III funds from the grantor, hereafter referred to as the State Unit on Aging, for the period from October 1, 2021 to September 30, 2025, for use in accordance with the Older American Act 1965, as amended.

We are completing audit steps over the internal accounting control and Administrative control procedures of the Area Agency on Aging that we considered relevant to the criteria established by the State Department of Aging and Disability as set forth in the Generally Accepted Auditing Standards and Government Auditing Standards issued by the Comptroller General of the United States. Since the Area Agency on Aging has been conducting business for some time, its accounting system has been audited and deemed to be acceptable.

The management of the Area Agency on Aging is responsible for establishing and maintaining a system of internal accounting control. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of control procedures. The objective of internal accounting control is to provide reasonable, but not absolute, assurance as to the safeguarding of assets against loss from unauthorized use or disposition, and the reliability of financial records for preparing financial statements and maintaining accountability for assets. We understand that the objective of those administrative control procedures comprehended in the State Department of Aging and Disability criteria is to provide similar assurance as to compliance with its related requirements. The concept of reasonable assurance recognizes that the cost of a system of internal control should exceed the benefits derived and also recognizes that the evaluation--of these factors necessary requires estimates and judgments by management.

There are inherent limitations that should be recognized in considering the potential effectiveness of any system of internal control. In the performance of most procedures, errors can result from misunderstanding of instructions, mistakes of judgment, carelessness, or other personal factors. Control procedures whose effectiveness depends upon segregation of duties can be circumvented by collusion. Similarly, control procedures can be circumvented intentionally by management with respect either to the executing and recording of transactions or with respect to the estimates and judgment required in the preparation of financial statements. Further, projection of any evaluation of internal control to future periods is subject to the risk that the procedures may become inadequate because of change in conditions, and that the degree of compliance with the procedures may be deteriorated.

Policies require that the grantee and its sub-grantee/contractors have established an accounting system with internal controls adequate to safeguard their assets, check the accuracy and reliability of the accounting data, promote operating efficiency and encourage compliance with prescribed management policies and such additional fiscal, accounting and administrative requirements as the State may establish. We understand that procedures in conformity with the criteria referred to in the second paragraph of this report are considered by the State Department of Aging and Disability to be adequate for its purposes in accordance with the Connecticut State Single Audit Act and related regulations and those procedures that are not in conformity therewith indicate some inadequacy for such purposes. Based on this understanding and on our study, we believe the Area Agency on Aging procedures are adequate for the purpose of the State Department of Aging and Disability, assuming satisfactory compliance.

This report is intended for the use in connection with the grant to which the report refers and should not be used for any other purposes.

Amber Tucker, CPA

Amber Tucker

Fiondella Milone & LaSaracina, LLP

ATTACHMENT G
REQUEST FOR WAIVER FROM PROCUREMENT

Waiver Requests

For the 2026 – 2028 planning period, NCAAA is requesting approval from the SUA for the following direct service waivers:

- Title IIIB – Benefits Access Programs
- Title IIIE – National Family Caregiver Support Program

Waiver Assurances

Commensurate with BoA-SPI-24-06 NCAAA provides the following assurances for all direct service waivers proposed:

- Services under the waiver are provided more cost effectively and efficiently by NCAAA than by community services provider agencies in the region.
- Services under the waiver do not constitute an unnecessary duplication of services already offered in the community.
- Services under the waiver are necessary in the absence of a viable community-based provider.
- Services under the waiver are deemed necessary under the Area Plan.
- Appropriate data is collected and timely reported for the services under the waiver, as requested by the SUA.
- NCAAA's Board of Directors and Advisory Council are in concurrence with the request for the waiver and the waiver requests represent the annual maximum allocation for final approval.

Title III-B
Information and Referral/Assistance and Service Navigator (ADRC) Waiver Request

AAA Name: North Central Area Agency on Aging, Inc. (NCAAA)
Date Submitted: 04/30/2025 (Draft); 06/30/2025 (AP Final); 08/08/2025 (Revised)
Waiver Title: NCAAA Title III-B Benefits Access (I&R/A and ADRC) Waiver
Time Period of Waiver (Federal Fiscal Years): FFYs 2026 – 2028
Geographic Area(s) Served: North Central Connecticut Planning & Service Area (CT PSA Region 4)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

A. **BOA Guidance and Requirements:** Title IIIB waiver requests may be used to deliver Information and Referral/Assistance and Service Navigator programs (previously referred to as Aging and Disability Resource Center).

1. Information and Referral/Assistance (I&R/A) Specialists will provide Information and Referral/Assistance services as well as Public Education services.
    a. Information & Assistance is a service for older individuals that (A) provides them with current information on opportunities and services that are available to them in their communities, including information related to assistive technology; (B) assesses their programs and capacities; (C) links them to available opportunities and services and (D) to the maximum extent practicable, ensures that they receive needed services and are aware of available opportunities by establishing adequate follow-up procedures.
    b. Public Education includes activities undertaken to increase public awareness of the problems or concerns confronting older adults and recommended solutions to these problems. These activities may include public service announcements in the media, preparation of pamphlets, reports, presentations, seminars, and newsletters. The target audience for these activities is the general population.
2. Service Navigators will provide consumers and/or their caregivers with Application Assistance, Benefits Counseling, Case Consultation, and Options Counseling.
    a. Application Assistance is the completion and filing of application on behalf of consumers to address housing or other supports needed to divert individuals from unnecessary nursing home placement or to increase or maintain stability
    b. Benefits Counseling helps in determining their consumers eligibility for public assistance, assist in processing or completing forms and teaches about local, state, and federal tax benefits and credits
    c. Case Consultation is collaborating and providing information, guidance, and assistance to another professional or provider who is seeking to assist a consumer or caregiver with long-term care services and supports or benefits issues. Case Consultation may be a general consultation on service delivery in Connecticut or nationally.
    d. Options Counseling is an interactive process where individuals are supported in deliberations to make informed choices about long-term services and supports in the context of the individual's preferences, strength, needed services, values, and individual circumstances

1. The following four steps must occur in order to be considered Options Counseling
    a. Conduct a personal interview
    b. Develop a person-centered plan
    c. Facilitate streamlined access to public and/or private services and support
    d. Conduct ongoing follow-up and documentation

3. Program Requirements
    a. Maintain a phone line during business hours of the agency
    b. Ensure that all calls that go into voicemail or inquiries through email are returned within 3 business days.
    c. Maintain a language translation service for the purpose of offering multilingual services in order to respond to inquiries from consumers whose primary language is not English.
    d. For I & R/A Program: Provide two Public Education services quarterly to Senior Center, municipalities, community events, and community partners.
4. Staff Requirements:
    a. Receive Community Resource Specialist – Aging/Disabilities (CRS-A/D) Certification through Inform USA within 180 days of hire
    b. Complete and record a minimum of two hours of social service resource training (in-person or webinar) each month
    c. Additional staff requirements for Service Navigators
        1. Complete Person-Centered Counseling training, provided or approved by the BOA, within 90 days of hire
        2. Receive SHIP/CHOICES certification within 180 days of hire
        3. Attend and successfully complete at least one SHIP/CHOICES annual training each calendar year (Spring or Fall)
5. Reporting Requirements:
    a. I & A is to be reported in a format provided by the Department and submitted quarterly to the Department.
    b. Public Education is to be reported in a format provided by the Department and submitted quarterly to the Department
    c. Service Navigator services are entered into WellSky Aging & Disability (A&D) on a schedule in accordance with the federal contract.

B. AAA Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service(s) and need for the AAA to provide the service(s) directly. Include an explanation of how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service.* Attach any relevant data to support or justify your need statements.

   While some communities in North Central Connecticut have local staff, either at the municipal level or otherwise based in the community, that can assist older adults and individuals with disabilities, a significant number do not. This lack of access to needed support and assistance is not limited to NCAAA's small or rural communities that may have small populations and limited municipal services. One of the North Central's largest communities of older adults in the region lacks the staff to adequately address

the information, guidance, and support needs of its older and disabled residents. Based on the needs assessment conducted for the development of this Area Plan, and analysis of information and assistance inquiries called into NCAAA, there continues to be a need to educate older adults and their caregivers about the availability of entitlements, health insurance, long-term care, and community-based resources and alternatives. Consumers consistently identify information and referral services as one of their greatest needs. Many older adults are merely unaware of the many programs and services that are available to them or how to access them. Wide variations in the availability and accessibility of these services at the local level exacerbate the need for regional coordination and deployment of these services. It is worth noting that even organizations tasked with providing information or support to older adults and individuals with disabilities often contact NCAAA for guidance, advocacy, and intervention on behalf of consumers that may be experiencing difficultly navigating the ever-changing landscape of services. Many individuals simply find it difficult to navigate the complex aging services delivery system. Consumers served by the North Central Aging & Disability Resource Center (NCADRC) present to NCAAA with a multifaceted set of service and intervention needs. Of those consumers that have received assistance from the NCADRC, the type of help varied and often included intervention beyond the traditional scope of information and referral services. These already complex service needs are further exacerbated by gaps in the continuum of care and service infrastructure for older adults and individuals with disabilities.

NCAAA provides the following assurances for services proposed under this waiver:

- Services under the waiver are provided more cost effectively and efficiently by NCAAA than by community services provider agencies in the region.
- Services under the waiver do not constitute an unnecessary duplication of services already offered in the community.
- Services under the waiver are necessary in the absence of a viable community-based provider.
- Services under the waiver are deemed necessary under the Area Plan.
- Appropriate data is collected and timely reported for the services under the waiver, as requested by the SUA.
- NCAAA's Board of Directors and Advisory Council are in concurrence with the request for the waiver and the waiver requests represent the annual maximum allocation for final approval.

2. **Narrative** (Provide separate narratives for each program – i.e. I &R/A & Service Navigator)
    a. **Service Description:** Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

        NCAAA will continue to provide a vital link between consumers and services, by combining information, referral services, assistance, consultations, and counseling (including benefits counseling and options counseling) to ensure that older adults are aware of all of the options that are available to them. NCAAA will employ multi-faceted and multi-cultural outreach strategies to educate older adults and their caregivers. Increased knowledge of service options will

allow people to make informed decisions and avoid inappropriate or premature institutionalization whenever possible. Services to be provided include: information and assistance and public education**.**

NCAAA will utilize of a portion of its Title IIIB funds to enhance the agency's capacity to provide services through the North Central Aging & Disability Resource Center (NCADRC) in order to better serve the needs of older adults, individuals with disabilities, and their families, in need of assistance. NCADRC will provide the following services: advocacy; assistance (including application assistance); assessment; benefits counseling; case consultation; decision support; follow up; information; options counseling (full and standard); person centered counseling; referral; and short-term support and case management.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
    a. How will potential consumers be informed of and receive the service(s)?
    b. How will service(s) be coordinated with other Title III-B services, Title III-E Information services (Public Education) and Assistance services (I & A) or other OAA services?
    c. How will service(s) be targeted and tracked?
    d. Will the AAA require a new A&D provider or service be created?

Service Accessibility and Delivery Method. Services offered by NCAAA's benefits access programs (I&A, ADRC) will be delivered in the manner and venue that best meets the needs of the consumer. Assistance may be offered via telephone, electronic communication, at a community location convenient to the consumer, in the home, or at the NCAAA office. To facilitate consumer access to services, NCAAA will establish a standing schedule for community-based outreach and information services provided on site, in partnership with local organizations (e.g. hospitals, housing authorities, health clinics, libraries) that will provide donated space for meetings and consumer consultations. NCAAA will also continue to expand partnerships with local media outlets, which donate airtime to NCAAA for the purpose of public education and to promote awareness of the services available through NCAAA's benefits access programs.

Service Coordination and Relationship to Other Agency Programs. NCAAA's benefits access programs, located organizationally within the Aging Answers umbrella together with the caregiver programs and service navigation, will continue to build upon NCAAA's current expertise regarding available supports and its knowledge of the service infrastructure and resource landscape. The prevailing philosophy behind Aging Answers, interdepartmental coordination across NCAAA programs and services will continue to occur, to ensure assistance offered to consumers is as seamless as possible within the agency. Individuals who contact NCAAA for assistance, by phone or in person, first reach reception staff comprised of two (2) part-time Receptionists (one via Title V SCSEP) and an Administrative Assistant. Calls are triaged based on information gathered by reception staff regarding the reason for contact and directed to the appropriate department. Department voicemail messages are downloaded by the Administrative Assistant and triaged as appropriate based on the information contained in the message. Consumers that are served by other departments including the Caregiver

Support Team, CHOICES/SHIP, or CHOICES/I&A program and present with complex needs or the need for additional support beyond information and referral, are referred to the ADRC for further follow up. NCAAA I&A staff will be cross-trained in person centered counseling and other ADRC protocols to ensure continuity of service delivery should the ADRC staff person be absent for an extended period of time. NCADRC staff and other staff members across the Agency are cross-trained in the provision of I&A, to ensure service delivery is not disrupted due to staff absences.

Service Statistics and Data Reporting. NCAAA will track all services in WellSky Aging & Disability, if permitted within the SUA'S data infrastructure. If not, NCAAA will continue to track I&A services provided utilizing a spreadsheet that captures both consumer information and call data. These services are not currently recorded in WellSky however, NCAAA is open to discussing the possibility of using this system to capture I&A data in the future.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Information and Referral/Assistance

Staff Position	Specific Duties Performed	Portion FTE
CHOICES Regional Coordinator	Provision of information and assistance; Outreach; Public Education; Programmatic Reporting	.125FTE
CHOICES Information Specialist	Provision of information and assistance; Outreach; Public Education	.375FTE
CHOICES Information Specialist	Provision of information and assistance; Outreach; Public Education	.30FTE
CHOICES Information Specialist	Provision of information and assistance; Outreach; Public Education	.275FTE
Program & Administrative Assistant	Call & Correspondence Triage; Program Data Entry	.25FTE
Receptionist	Reception; Call Triage	.25FTE
Finance Director	Fiscal coordination; Payroll; Financial Reporting	.05FTE
Chief Operating Officer	Supervision; Interdepartmental Coordination; Quality Assurance; Report Coordination	.125FTE

Service Navigation (ADRC)

Staff Position	Specific Duties Performed	Portion FTE
ADRC Community	Provision of services under NCADRC; Programmatic Reporting and Data Entry	.875FTE

Choices Counselor		
Finance Director	Fiscal coordination; Payroll; Financial Reporting	.05FTE
Chief Operating Officer	Supervision; Interdepartmental Coordination; Quality Assurance; Report Coordination	.0625FTE

Other

Staff Position	Specific Duties Performed	Portion FTE
ADRC Community Choices Counselor	Short-Term Support; Programmatic Reporting and Data Entry	Included in FTE portion listed above

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   NCAAA will assess consumer satisfaction using surveys, to be completed by the consumer or its caregiver. These surveys will be distributed post-receipt of services. For I&A services, surveys are distributed after information, assistance, and referral services are rendered. For ADRC services, surveys are distributed within one month of the ADRC case being closed. NCAAA staff will review all survey responses identify trends or recurring issues. When written materials are provided, the survey form is also included. Feedback received regarding NCAAA-funded and/or operated programs will be relayed to grants or program staff (respectively) as appropriate. Data from consumer satisfaction survey results will be used to inform decisions regarding how services are designed and delivered; adjustments to protocols will be evaluated as needed. NCAAA's I&A and ADRC survey tools are attached.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component.

   There are no subcontracts proposed under this waiver.

C. Service Levels

1. Service Numbers

Information and Referral/Assistance

Service	# of Individuals Served	# of Units	Title III-B Funds
Information & Assistance	2,700	3,975	$124,735
Public Education*	500	25	$3,787

Service Navigator (ADRC)

Service	# of Individuals Served	# of Units	Title III-B Funds
Application Assistance	50	75	$16,203
Benefits Counseling	125	125	$32,979
Case Consultation	100	100	$12,040
Options Counseling	75	150	$16,203

Other

Service	# of Individuals Served	# of Units	Title III-B Funds
ADRC Short-Term Support	25	40	$4,160

*****Denotes a permissible aggregate service. All other services require individual registration and reporting

D. Data collection and reporting: Describe how the AAA will collect and report data for each service related to the program.

All NCAAA staff are trained in the use of the MIS platform(s) required for tracking data under their program(s). NCAAA will track all ADRC services in WellSky Aging & Disability, as permitted within the SUA'S data infrastructure. ADRC services are entered, post-delivery, into WellSky directly by NCAAA's ADRC Community Choices Counselor. Until I&A services are also able to be tracked in WellSky A&D, NCAAA will continue to track I&A services provided utilizing a spreadsheet that captures both consumer information and call data. This data is collected by each IIIB I&R/A staff and recorded directly into the reporting template post-delivery; then subsequently aggregated, compiled, and submitted to the SUA based upon the required frequency (currently quarterly). These services are not currently recorded in WellSky however, NCAAA is open to discussing the possibility of using this system to capture I&A data in the future, as it is NCAAA's belief that utilization of a single platform to record and track both service utilization data and consumer demographic data on an individual level, for all services, would enhance overall data quality and provide improved insight into service delivery data that can be used for planning purposes.

E. Budget: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications.*

1. Summary

Information & Referral/Assistance	$128,522
Service Navigation / ADRC	$81,585
Title III-B Total of Programs	$210,107
Match (at least 15%)	$48,000
Program Income	
Total Program	$48,000
Other Resources	
Grand Total	$258,107

We, the undersigned, approve and submit the attached service description for Title III Direct Service Waiver and assure that the description represents a formal commitment to carry out the service program and to utilize state and federal funds as described herein.

_____ 08/08/2025__
Signature of Area Agency Director Date

_____ 08/08/2025__
Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

✓ Waiver Request Approved 10/1/2025 - 9/30/2028
Time Period of Approved Waiver

_____ Waiver Request Denied

_____ 10/1/2025
Signature of Authorized Official, Aging and Disability Services Date

Title III-E Waiver Request

AAA Name: North Central Area Agency on Aging, Inc. (NCAAA)
Date Submitted: 04/30/2025 (Draft); 06/30/2025 (AP Final); 08/08/2025 (Revised)
Waiver Title: NCAAA Title III-E Caregiver Support Waiver
Time Period of Waiver (Federal Fiscal Years): FFYs 2026 – 2028
Geographic Area(s) Served: North Central Connecticut Planning & Service Area (CT PSA Region 4)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

F. BOA Guidance and Requirements

1. The following services will be permitted under this waiver. Note that all services listed must be provided in the region, whether through a waiver, a subcontract, or a vendor. Information, Assistance, Respite and Supplemental Services must be provided throughout the entire region, whereas the other services are not required to be available region-wide. Services are divided into two sections:
    - **a. Section 1**: Non-Respite Care and Non-Supplemental Services
        1. *Information*
            a. Benefits Education: Educational programs offered through the NFCSP that are designed to increase caregivers' awareness of available government and non-government programs that assist them in meeting their needs and finding supports and solutions for challenges associated with caregiving. These programs provide detailed service information, including eligibility requirements and places where services are delivered.
            b. Public Information Services: A public and media activity that provides caregivers, as a targeted audience, information that includes but is not limited to available services, issues related to caregiving and caregiver stress. Public activities may include in-person or virtual interactive presentations, booths/exhibits at fairs, conferences, public service announcements, distribution of pamphlets and newsletters, and radio, TV or web site events. This service is intended for large audiences and is not tailored to the needs of an individual like NFCSP Information and Assistance. *This service is recorded aggregately because collecting consumer registration forms is not feasible due to the large number of participants*. An estimated unduplicated number of caregivers receiving NFCSP Public Information Services must be provided. The audience provided should only be reported one time per medium per quarter. The year-to-date total should only reflect each audience one time. For example, a newsletter is mailed to the same 100 people every quarter. Each quarter one unit of service is reported for

the newsletter and 100 consumers. The reported year-to-date total, however, would be 4 units of service and 100 consumers (NOT 400 consumers) since the same people received the newsletter each quarter.

2. *Assistance*: Assistance is a component of "Information and Assistance". Assistance is a service for NFCSP caregivers that: (A) provides current information on opportunities and services that are available to caregivers and their care recipients in their communities, including information related to assistive technology; (B) assesses problems and capacities; (C) links to available opportunities and services; and (D) ensures, to the maximum extent practicable, that caregivers receive needed services and are aware of available opportunities by establishing adequate follow-up procedures. *This service should be recorded directly to the caregiver whenever possible. The service in A&D that Assistance is recorded to is: NFCSP Information and Assistance.*
3. *Case Management*: NFCSP Case Management is a service provided to the caregiver, at the direction of the caregiver, by an individual who is trained or experienced in case management skills to assess needs and arrange, coordinate, and monitor a package of services that meets the caregiver's needs. This service includes activities and coordination such as: 1) a comprehensive assessment of the caregiver, including physical, psychological and social needs, 2) develop, implement monitor and adjust a service plan in conjunction with the caregiver that uses formal services, including those from other plans, as well as informal services to meet the needs of the caregiver identified in the assessment, 3) coordinate and monitor service deliveries, 4) advocate on behalf of the caregiver for needed services or resources, 5) authorize payment for services and, 6) conduct an annual reassessment, as required. *NFCSP Case Management is recorded directly to the caregiver. Case Management is a required service for providing respite and supplemental services to ensure case plan goals are met for each caregiver.*
4. *Caregiver Counseling*: A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors have the capacity to work with older adults, families and caregivers and to understand and address the complex physical, behavioral and emotional problems related to caregiving. This includes counseling to individuals or in group sessions. Per Administration for Community Living guidance, counselors must be degreed and/or credentialed professionals licensed by the State of Connecticut and include: Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Therapists, Professional Counselors and Clinical Social Workers. *This service is recorded directly to the caregiver.*
5. *Organization of Support Groups*: Support groups are led by a trained individual, moderator, or professional, as designated by the BOA, who facilitates groups of NFCSP caregivers in discussing their common experiences and concerns and developing a mutual support system. These support groups can help participants cope with issues that include isolation, role reversal, depression, change in social supports, relationship changes, how to advocate for the care recipient, etc. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver Support Groups do not include "caregiver education groups," "peer-to-peer

support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator who possesses training and/or credentials as required by the BOA. Facilitators may include psychologists, licensed counselors, persons with a bachelor's or master's degree in social work. Facilitators can also include individuals who are certified through a BOA-approved, evidence-based practice program such as *Powerful Tools for Caregivers*, *Savvy Caregivers*, *REACH Community (Resources for Enhancing Alzheimer's Caregivers Health in the Community)*, and *Stress-Busting Program for Family Caregivers*. *This service is reported aggregately in the consumer group (Agency Name) NFCSP Caregiver Support Group*. This service records the number of caregiver support group sessions conducted by the provider and the number of consumers that attended such sessions for the report month.

6. *Caregiver Training*: NFCSP Caregiver Training provides caregivers who participate in the NFCSP with information to improve knowledge and enhance specific skills related to caring for older individuals, children under age 18 and adult children between age 18 and 59 with a disability. Training sessions may include skills related to home emergency planning and preparedness, medication and financial management, health, and nutrition, including disease specific needs, communication with health care providers and other family members, and assistance with activities of daily living, such as bathing and dressing. Training may include the use of evidence-based programs; be conducted in person or on-line; and be provided in individual or group settings.

b. Section 2: Respite Care and Supplemental Services

7. *Respite Care*: Respite provides temporary care to participants requiring person care assistance so that their primary caregiver (usually a family member) can have a break. This service can be provided in the home, in a long-term care facility, or a day care facility.
8. *Supplemental Services*: Services delivered under the service category NFCSP Supplemental can only be provided to program participants on a temporary basis. In addition, supplemental funds must be the payer of last resort for these services. Supplemental funds must only be used when other programs and resources have denied payment for a service and when the service is approved by the BOA as a supplemental service.

2. Services are divided into two populations:
    a. Caregivers:
        1. The term "family caregiver" includes unmarried partners, friends, or neighbors who are caring for an older adult or a person of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction (§ 1321.3). » The term "older relative caregiver" means a person who is at least 55 years old who lives with a child or a person with a disability for whom they are the primary caregiver and to whom they provide informal care.
    b. Grandparents: The term "grandparents" is defined as: grandparent, other relatives, or close family friends who are raising children whose parents are unable to do so.
3. Program requirements
    a. Maintain a phone line during business hours of your agency to respond to caregiver program needs.

b. Ensure that all calls that go into voicemail or inquiries through email are returned within 3 business days.
c. Maintain a language translation service for the purpose of offering multilingual services in order to respond to inquiries from caregivers whose primary language is not English.

4. Staff requirements:
    a. Title III-E staff providing one-on-one Assistance services must meet the following requirements:
        1. Receive Community Resource Specialist – Aging/Disabilities (CRS-A/D) Certification through Inform USA within 180 days of hire
        2. Complete and record a minimum of two hours of social service resource training (in-person or webinar) each month
    b. Title III-E staff providing Case Management services must meet the following requirements:
        1. Complete Person-Centered Counseling training through a training provided or approved by the BOA, within 90 days of hire
        2. Complete and record a minimum of one hour of resource training (in-person or webinar) each month that relates to caregiver services
        3. Have prior experience providing case management services
        4. Participate in BOA hosted Care Manager meetings
    c. Title III-E staff providing Counseling services must meet the following requirement:
        1. Be a professional licensed by the State of Connecticut such as a Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, Therapist, Professional Counselor or Clinical Social Worker.
5. **Reporting Requirement**s:
    a. Information (Benefits Education and Public Information) and Assistance (I & R/A) are to be reported in a format provided by the Department and submitted quarterly to the Department
    b. Case Management, Caregiver Training, Caregiver Counseling, Support Groups, Respite and Supplemental Services are entered into WellSky Aging & Disability (A&D) on a schedule in accordance with the federal contract.

G. AAA Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service*. Attach any relevant data to support or justify your need statements.

    Research indicates that caregivers of older adults may be unable to understand the options available to them and may be unable to quickly and correctly identify the proper channels to obtain information. According to a report by the National Alliance for Caregiving and AARP, approximately two-thirds of caregivers say they need more help with or information about issues that caregivers commonly face (i.e. finding time for themselves; keeping the person being cared for safely at home; balancing work and family responsibilities; managing emotional and physical stress; etc.). The provision of timely and affordable respite care services can prolong the duration that caregivers are able to sustain their caregiving duties. Approximately a quarter of caregivers of older adults report finding it difficult to get affordable services for their care recipient. Approximately 36% of caregivers say

taking care of the person they help rates a four or five, on a five-point scale where five is very stressful, according to *Caregiving in the U.S.* More than one in three caregivers say they need help to find more time for themselves. Caregivers of older adults and other kinship caregivers also often carry financial burdens related to caregiving responsibilities. Research shows that not including those who care for a spouse, over half of caregivers report contributing financially towards the care of the person they are helping, spending nearly $200 a month on average. A significant number of essential goods and services fall outside the realm of traditional payment sources. NCAAA will continue to support and coordinate the use of respite care services for caregivers, in an effort to alleviate some of the stress associated with providing care and will also continue to coordinate services that provide financial relief to caregivers via assistance provided to those being cared for.

NCAAA has explored both methods – direct service and community grant awards – for the delivery of caregiver support services via NFCSP in the North Central Region. Although North Central Connecticut is home to a robust network of community-based providers, historical data shows that the services proposed under this waiver are provided more efficiently and cost-effectively by NCAAA, where services can be streamlined regionally, and administrative costs are consolidated. Services offered by NCAAA's NFCSP are not readily available in the North Central Region aside from this program and in fact, these services often help to fill a gap in the continuum of care that otherwise would not be addressed. Accordingly, the North Central Area Agency on Aging provides assurances that:

- Services under this waiver are provided more cost effectively and efficiently by NCAAA than by community-based service providers in the region.
- Services under this waiver do not constitute a duplication of services already offered in the community.
- Services under this waiver are necessary in the absence of a viable community-based provider.
- Services under this waiver are deemed necessary under the Area Plan for North Central CT.
- Appropriate data is collected and reported timely for the services under this waiver, as required by the State Department on Aging.
- NCAAA's Board of Directors and Advisory Council is in concurrence with the request for this waiver and the waiver request represents the maximum allocation for final approval.

2. **Service Description:** Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

   NCAAA will utilize a portion of its Title III-E funds to provide assistance to family caregivers. NCAAA will continue to support and coordinate the use of respite care services for caregivers, in an effort to alleviate some of the stress associated with providing care and will also continue to coordinate services that provide financial relief to caregivers via assistance provided to those being cared for. NCAAA will provide the following services under the Caregiver Support Program:

   - Caregiver information, guidance, and support;

- Connection/referral to caregiver support groups and caregiver training;
- Supplemental services;
- Advocacy and support for grandparents raising grandchildren; and
- Respite for family caregivers.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
    a. How will potential consumers be informed of and receive the service(s)?
    b. How will service(s) be coordinated with other Title III-X services or OAA services?
    c. How will service(s) be targeted and tracked?
    d. Will the AAA require a new A&D provider or service be created?

Service Accessibility and Delivery Method. Services offered by NCAAA's NFCSP are not readily available in the North Central Region aside from this program and in fact, these services often help to fill a gap in the continuum of care that otherwise would not be addressed. Services for grandparents raising grandchildren are provided through community-based grantees. Provider selection is handled through NCAAA's annual RFP process. Those funds are not included in this waiver request. NCAAA does not directly conduct caregiver support groups; staff provides developmental support or technical assistance, to area groups as needed. Technical assistance provided to support groups includes without limitation: assistance with speakers; connections to community-based resources; promotion of availability; and facilitated access. NCAAA also developed and maintains a list of support groups operating in the North Central region that can be shared with caregivers and others.

Service Coordination and Relationship to Other Agency Programs. NCAAA's caregiver support programs, located organizationally within the Aging Answers umbrella along with the benefits access programs, will continue to build upon NCAAA's current expertise regarding available supports and its knowledge of the service infrastructure and resource landscape. The prevailing philosophy behind Aging Answers, interdepartmental coordination across NCAAA programs and services will continue to occur, to ensure assistance offered to consumers is as seamless as possible within the agency. Individuals who contact NCAAA for assistance, by phone or in person, first reach reception staff comprised of two (2) part-time Receptionists (one via Title V SCSEP) and an Administrative Assistant. Calls are triaged based on information gathered by reception staff regarding the reason for contact and directed to the appropriate department. Department voicemail messages are downloaded by the Administrative Assistant and triaged as appropriate based on the information contained in the message. Consumers that are served by other departments are referred to the Caregiver Team for assistance and follow up as appropriate.

Service Targeting and Tracking. NCAAA will continue to target services based on the needs of caregivers. Services will be targeted to those caregivers most in need, including but not limited to caregivers with reduced access to resources and supports. Services will continue to be targeted and promoted region-wide in order

to improve access to available resources and supports, for the diverse range of caregivers represented in the North Central PSA. NCAAA will track all services in WellSky Aging & Disability, with the exception of Caregiver I&R/A and Public Education, which will be tracked aggregately. If allowable within the SUA's data infrastructure, NCAAA would like to explore the feasibility of recording Caregiver I&R/A data directly in WellSky A&D; however, until that point, NCAAA will continue to report this data to the SUA aggregately in the format prescribed by the SUA.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Staff Position	Specific Duties Performed	Portion FTE
NFCSP Respite Care Manager	Provision of Guidance, Support, Information; Assistance; Caregiver Training; Support Group Tech Asst.; Coordination of Respite Services for Caregivers of Older Adults	.875FTE
Supplemental & Caregiver Programs Billing Coordinator	Coordination of Supplemental Services for Caregivers; Coordination of provider and consumer billing for respite and supplemental services	.875FTE
Data Analyst	Data entry for NFCSP RCP & SSP service delivery (direct & reciprocal) and service expenditure data	.35FTE
Program & Administrative Assistant	Call & Correspondence Triage; Caregiver application triage; Caregiver programs database maintenance (application tracking; chart status; contact lists for QA survey distribution); Program administrative support	.35FTE
Finance Director	Fiscal coordination; Payroll; Financial reporting	.05FTE
Chief Operating Officer	Supervision; Interdepartmental Coordination; Quality Assurance; Report Coordination	.119FTE

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   Client satisfaction surveys will continue to be distributed to participants. Survey data is collected, tabulated, and analyzed. Results are used to improve the quality of service delivery as appropriate. NCAAA will issue evaluations upon the completion of all caregiver trainings. Evaluations will include a place for participants to indicate topics for which they would like to receive additional training and materials. NCAAA's consumer satisfaction survey tool used for caregiver programs is attached.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component. If vendors are to be used for Respite or Supplemental Services, please specify.

NFCSP Category	Subcontracted Component & Provider Type	NCAAA Staff Responsible
NFCSP Respite Care	Direct Respite Services for Care Recipients purchased (ordered) via Subcontracted Provider Agencies	Respite Care Manager Caregiver Prog Billing Coord
NFCSP Supplemental	Items & Services Purchased via Supplemental Vendors	Supplemental Services Coor & Caregiver Prog Bill Coord
NFCSP Grandparents	Services for Grandparents Raising Grandchildren via Community-Based Grantees (services include without limitation: Caregiver Counseling; Caregiver Support Groups; Caregiver Training; Outreach; Respite for grandparents /kinship caregivers raising children)	Grants Manager

H. Service Levels

1. **Service Numbers:** When completing the charts below, provide information on the number of caregivers and grandparents expected to be served, the number of units provided to those individuals, and the amount of Title III-E funds by service. Base these targets on FFY 2024 data and demographics for your region.

Section 1: Non-Respite Care and Non-Respite Supplemental Services

Service	# of Caregivers Served	# of Units	Title III-E Funds - CG	# of Grandparents Served**	# of Units**	Title III-E Funds - GP
NFCSP Information*	500	200	$16,500	0	0	$0
NFCSP Assistance	1,500	2,000	$157,542	5	10	$0
NFCSP Case Management	75	125	$10,000	0	0	$0
NFCSP Counseling	0	0	$0	0	0	$0
NFCSP Support Groups	0	0	$0	0	0	$0
NFCSP Training	24	24	$1,808	0	0	$0

**Services for grandparent/kinship caregivers provided via community-based grant awards (no waiver funds allocated separately).

Section 2: Respite Care and Supplemental Services

Service	# of Caregivers Served	# of Units	Title III-E Funds - CG	# of Grandparents Served	# of Units	Title III-E Funds - GP
Respite	50	3,750	$128,911	0	0	$0
Supplemental Services	75	1,125	$86,932	4	4	$3,000

*Denotes a permissible aggregate service. All other services require individual registration and reporting

I. **Data collection and reporting**: Describe how the AAA will collect and report data for each service related to the program, including aggregate services: Information (Public Education and Benefits Education)

All NCAAA staff are trained in the use of the MIS platform(s) required for tracking data under their program(s). NCAAA will track all Title III-E waiver services in WellSky Aging & Disability, except for Caregiver I&R/A and Public Education, which will be tracked aggregately. If allowable within the SUA's data infrastructure, NCAAA would like to explore the feasibility of recording Caregiver I&R/A data directly in WellSky A&D; however, until that point, NCAAA will continue to report this data to the SUA aggregately in the format prescribed by the SUA.

J. **Budget**: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications*.

1. Summary

Section 1 Total	$185,850
Section 2 Total	$218,843
Title III-E Total of Programs	$404,693
Match (at least 25%)	$142,420
Program Income	
Total Program	$142,420
Other Resources	
Grand Total	$547,113

We, the undersigned, approve and submit the attached service description for Title III Direct Service Waiver and assure that the description represents a formal commitment to carry out the service program and to utilize state and federal funds as described herein.



_____ 08/08/2025__

Signature of Area Agency Director Date



_____ 08/08/2025__

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

✓ Waiver Request Approved

10/1/2025 - 9/30/2028

Time Period of Approved Waiver

_____ Waiver Request Denied

Amy Porter



10/1/2025

Signature of Authorized Official, Aging and Disability Services

Date

ATTACHMENT H
COST SHARING PROVISIONS

NCAAA is requesting cost-sharing exclusively for services provided through the respite and supplemental components of the National Family Caregiver Support Program. Suggested cost-shares are based on the income of the Care Recipient. Consumers with incomes at or below 100% of the Federal Poverty Level are excluded from the cost-share provisions. NCAAA follows the Cost Share Chart issued by the BOA. NCAAA is not requesting approval for cost-share implementation for any other service category, at this time.

APPENDICES

- NCAAA Consumer Satisfaction Survey Tool – CHOICES
- NCAAA Consumer Satisfaction Survey Tool – NCADRC
- NCAAA Consumer Satisfaction Survey Tool – NFCSP
- NCAAA Demographic Service Overview 2014 – 2023
- NCAAA Disaster Recovery Plan